

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-1151029-556
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

135953

135923

County of Latah

City of MOSCOW

No. _____ St. _____ Registration District No. 61 State File No. 135923

Hospital _____ Primary Registration District No. 1011 Local Registrar's No. _____

FULL NAME OF CHILD Clarence Clines Carle

(Certificate of no value without full name of child)

Sex of Child	<u>Male</u>	Twin Triplet or other?	<u> </u>	and	<u> </u>	Number in order of birth	<u> </u>	Legiti- mate?	<u>Yes</u>	Date of birth	<u>Mar 15</u>	<u>1891</u>
										(Month)	(Day)	(Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Not any kind

Number of child of this mother, including present birth 4th Number of child of this mother now living, including present birth 4th

FULL NAME FATHER
William Franklin Carle
RESIDENCE MOSCOW
COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE State of Indiana
OCCUPATION Farmer

FULL MAIDEN NAME MOTHER
Dora Alice Newell
RESIDENCE MOSCOW
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Farm Ridge, State of Illinois
OCCUPATION Dining room Girl

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive { } at 10 o'clock P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature)

Mrs Dora A. Carle

Mother

(Signature of Registrar)

Address Perry Siding, B. C. Canada

Filled Nov 28 192 5 David Russell

Registrar.

State Registrar.



100-100000

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
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PLACE OF BIRTH

664 225 (21) 4-3-5

County of AdaCity of Star

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **139382**

No. _____ St. _____ Registration District No. _____ State File No. _____

Hospital _____ Primary Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Ralph Mitchell Fouch

(Certificate of no value without full name of child)

Sex of Child	<u>Male</u>	Twin Triplet or other?	} and {	Number in order of birth	<u>Second</u>	Legiti- mate?	<u>Yes</u>	Date of birth	<u>March 25</u>	<u>1891</u>
		(To be answered only in event of plural births)							(Month)	(Day)

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	RESIDENCE	FULL MAIDEN NAME	RESIDENCE
<u>Frank R. Fouch</u>	<u>Star, Idaho.</u>	<u>Altha Elizabeth Mitchell</u>	<u>Star, Idaho</u>
COLOR	AGE AT LAST BIRTHDAY	COLOR	AGE AT LAST BIRTHDAY
<u>White</u>	<u>2</u> (Years)	<u>White</u>	<u>1</u> (Years)
BIRTHPLACE	OCCUPATION	BIRTHPLACE	OCCUPATION
<u>Star, Idaho.</u>	<u>Farmer</u>	<u>Knoxville, Iowa.</u>	<u>House-wife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } born dead M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature)

Frank R. Fouch Father
Altha E. Fouch Mother
(Physician or midwife)

Address Parma, Idaho.Filed Jan 192 7 David Burrell

Registrar.

State Registrar.

IN 1926 Batch
why 1927?

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

367-11-001-213
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

144461

County of Uda

City of Boise

No. 612 Bannock St.

Registration District No. 2

State File No.

Hospital —

Primary Registration District No. 1004

Local Registrar's No.

FULL NAME OF CHILD

Annetta Rose Coghlan

(Certificate of no value without full name of child)

Sex of
Child

Female

Twin
Triplet
or other?

}

and {

Number
in order
of birth

}

Legiti-
mate?

Yes

Date of
birth

Apr.

11

1891

192
(Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

FULL
NAME

FATHER

Frank Coghlan

RESIDENCE

612 Bannock St. Boise Ida.

COLOR

White

AGE AT LAST
BIRTHDAY

39
(Years)

BIRTHPLACE

Ontario, Canada.

OCCUPATION

Butcher

FULL
MAIDEN
NAME

MOTHER

May Belle Baldwin

RESIDENCE

612 Bannock St. Boise, Ida.

COLOR

White

AGE AT LAST
BIRTHDAY

26
(Years)

BIRTHPLACE

Boise, Idaho.

OCCUPATION

Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at 6:00 P. M.

*When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature)

May Belle Coghlan
Mother

(Physician or midwife)

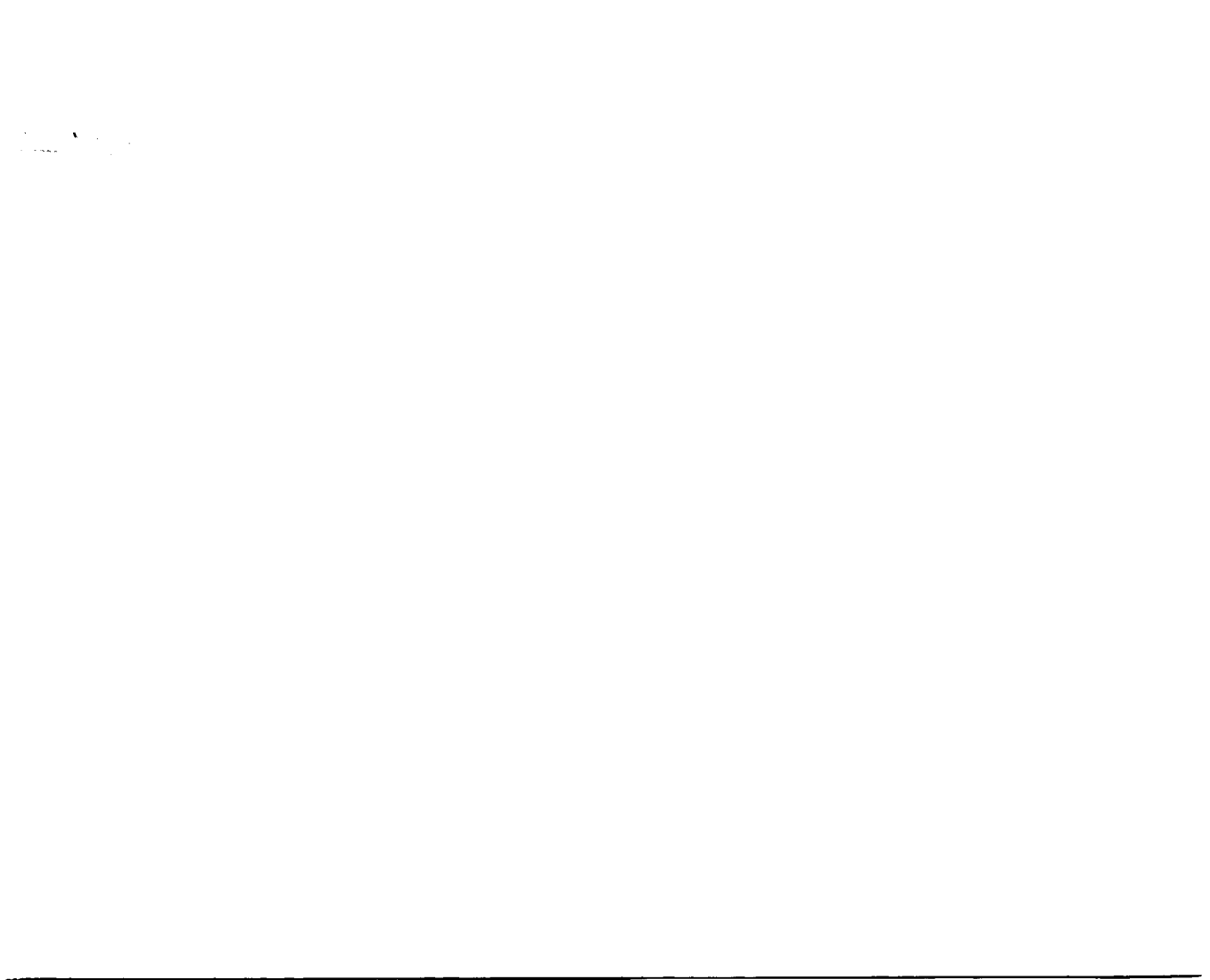
Address

Filed

SEP 28 1926

Registrar.

Ray Burrell
State Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

513-2281014-365
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. St. Registration District No. State File No. **150160**

Hospital Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Edith Melinda Valentine
(Certificate of no value without full name of child)

Sex of Child Female Twin Triplet or other? } and { Number in order of birth Legitimate? Yes Date of birth Sept. 8 1927
(To be answered only in event of plural births) (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth X 3 Number of child of this mother now living, including present birth X 3

FATHER		MOTHER	
FULL NAME	RESIDENCE	FULL MAIDEN NAME	RESIDENCE
<u>John Hiram Valentine</u>	<u>Nampa</u>	<u>Mary Ann Joney</u>	<u>Nampa</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Harvard, Page County, Iowa</u>		BIRTHPLACE <u>Barber Co., Oregon</u>	
OCCUPATION <u>Brickmason</u>		OCCUPATION <u>Housewife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive { Stillborn at 8 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report., 1927
Address Nampa, Idaho Route 2
Filed Mar. 21 1927 David Burrill State Registrar

OCT 6 1954
SEP 18 1959

DELANE

593-203-28-229

PLACE RECEIVED

DEC 23 1928

Form V. S. No. 11--20m-7-28-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

166743

County of KootenaiCity of Rathdrum

Registration District No. _____ File No. _____

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Edith Amelia Nicolai

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and { Number in order of birth <u> </u> }	Legitimate? <u>Yes</u>	Date of Birth <u>Dec. 3</u> (Month) (Day) (Year) <u>1891</u>
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FULL NAME <u>Gustave William Nicolai</u>	FATHER
---	--------

RESIDENCE <u>Rathdrum, Idaho</u>

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)
-----------------------	---

BIRTHPLACE <u>Germany</u>

OCCUPATION <u>Brick mason</u>

FULL MAIDEN NAME <u>Amelia Brinkman</u>	MOTHER
--	--------

RESIDENCE <u>Rathdrum, Idaho</u>

COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
-----------------------	---

BIRTHPLACE <u>Cincinnati, Ohio</u>

OCCUPATION <u>Housewife</u>

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at _____ M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

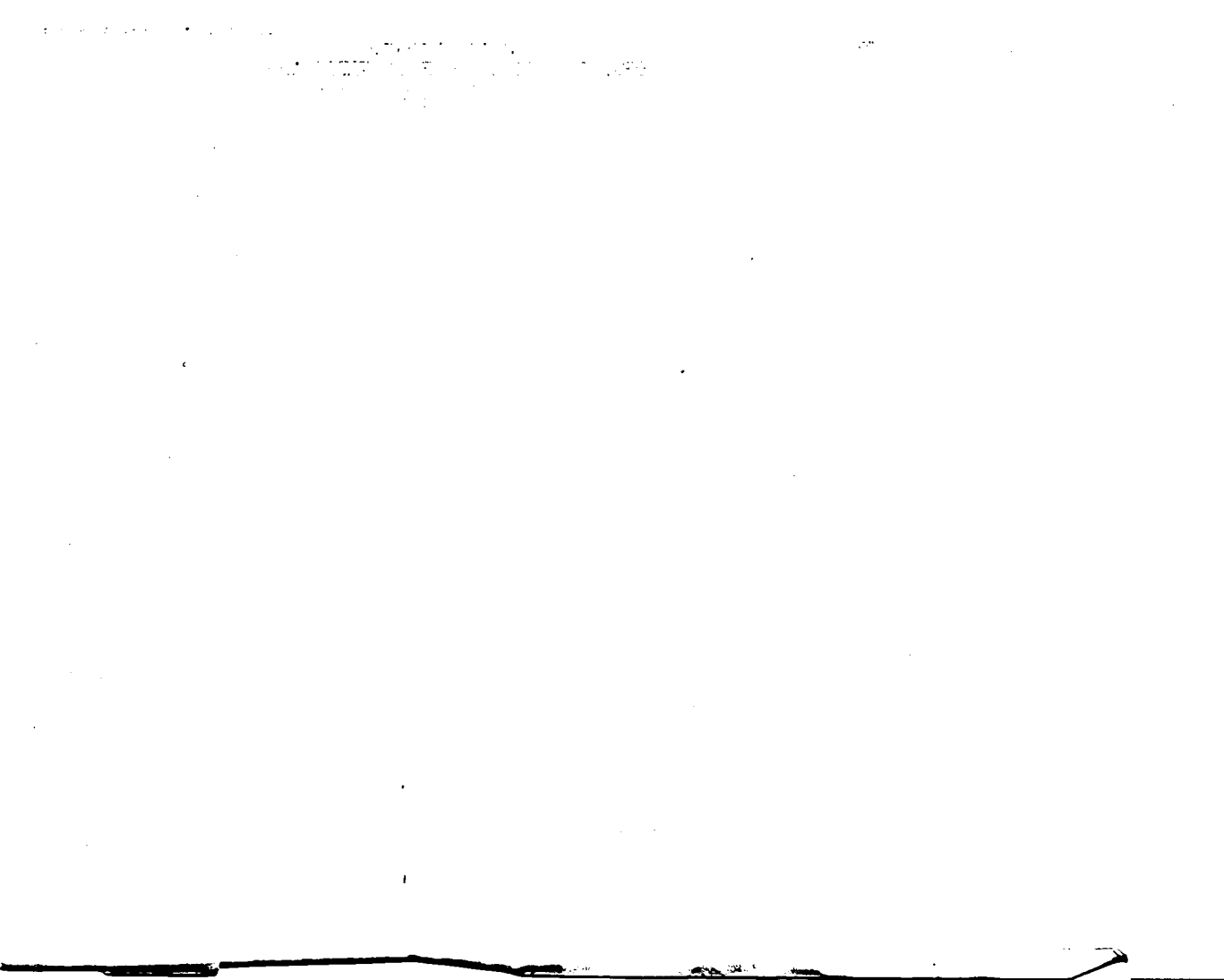
Given names added from a supplemental report. _____ 19 _____

(Signature) Frank Henry

(Physician or midwife)

Address Rathdrum, IdahoFiled Dec 26 1928 L. K. MaceyRegist. date

Regist. _____



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED SEP 8 1930
County of Calaveras DEPARTMENT OF PUBLIC WELFARE
City of Orofino BUREAU OF VITAL STATISTICS
No. _____ St. _____
632-117.018-168 Registration District No. _____ State File No. 183468
(If born in hospital or institution
give name.) Prim. Registration District No. _____ Local Registrar's No. _____
FULL NAME OF CHILD Emmon Alfred Olson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and {	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>October 17, 1897</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 2 (a) Born alive and now living yes
Born alive but now dead _____ Stillborn _____

FULL NAME <u>Erick Olson</u>	FATHER	FULL MAIDEN NAME <u>Martha Johnson</u>	MOTHER
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Residence (Usual place of abode) Orofino, Ida. Residence (Usual place of abode) Orofino, Idaho

If non-resident, give place and State _____ If non-resident, give place and State _____
Color or race White Age at last Birthday 36 Color or race White Age at last Birthday 24
(Years) (Years)

Birthplace Horsmark, Sweden Birthplace Gaarstad, Norway
(City and State or County) (City and State or County)

Occupation A farmer Occupation Wife

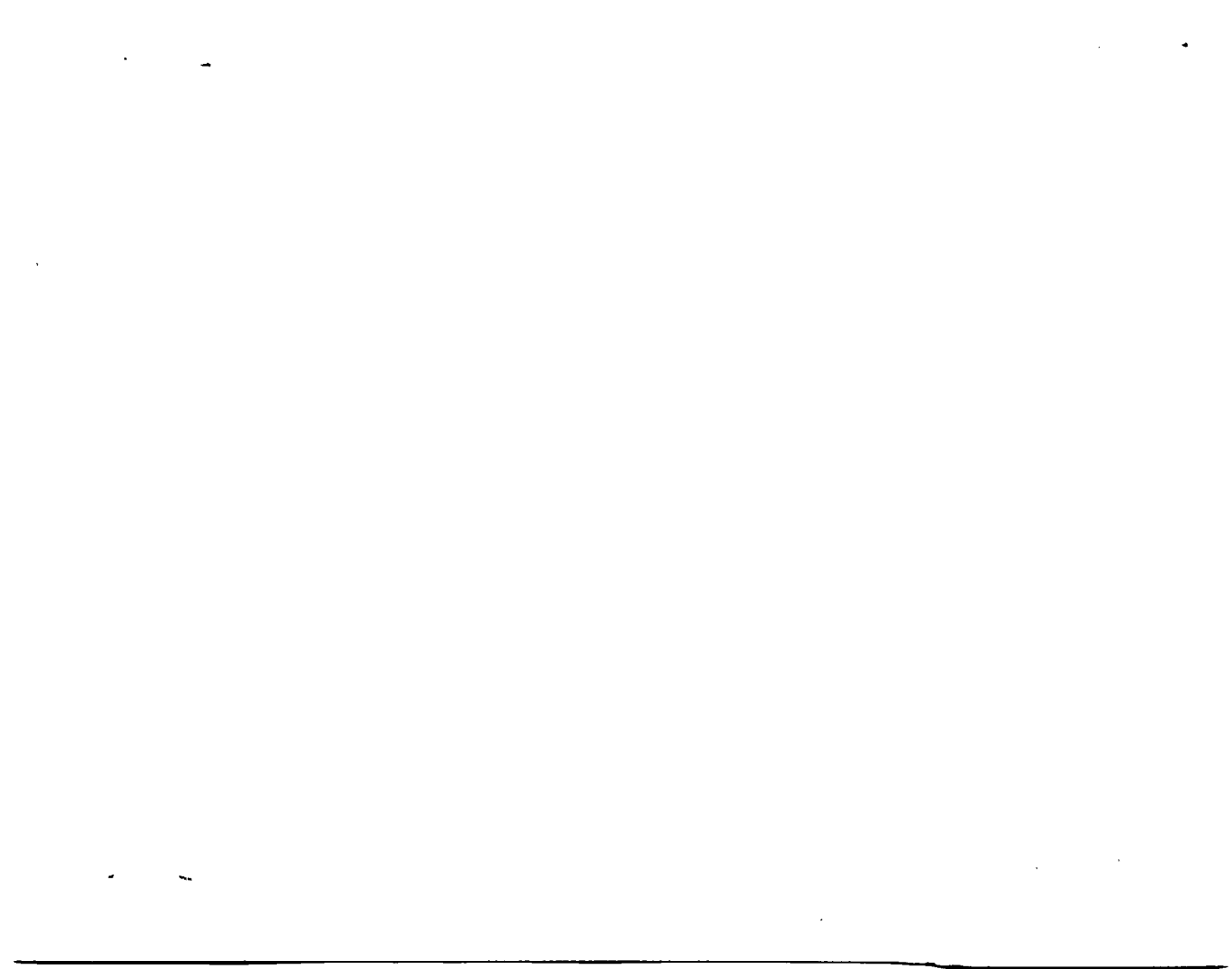
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at _____ M.

(Signature) Erick Olson
Father
(Physician or midwife)

Address Orofino, Idaho
Filed Sept. 9, 1930 Bessie N. Lepper
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



Orofino, Idaho,
August 13, 1930

To whom it may concern.

We the undersigned hereby declair and say that the following persons are our children and that they were born in Sho Shone-county which is now Clearwater county, on Canyon Creek near Orofino Idaho' as follows to wit:

Anna Christine Olson, Harless.	born, March 19, 1890
Emon Alfred Olson, - - - -	" October 17, 1891
Gust Freddie Olson, - - - -	" August 20, 1893
Sophie Lettie Olson, Dean, - -	" April 12, 1895
Willie Albert Olson, - - - -	" January 13, 1899
Daniel Julias Olson, - - - -	" March 9, 1901
Emily Bertha Olson. - - - -	" March 2, 1904

Signed

Erick Olson

Martha Olson

State of Idaho
County of Clearwater

On this 21st day of August 1930 before me J. S. Hogue

a Notary Public in and for the state of Idaho personally

appeared Erick Olson and Martha Olson

known to me to be the persons who executed the foregoing instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

J. S. Hogue

State of Idaho, Notary Public

My Commission Expires 1933

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Neat Emmett

No. 693-213-023 669 St.

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Margaret Malessa Wilson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of
Child

girl

Twin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

yes

Date of
birth

Sept 13

1891

(Month)

(Day)

(Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1

(a) Born alive and now living yes

Born alive but now dead

Stillborn

FULL
NAME

FATHER Conda Alfred Wilson

FULL
MAIDEN
NAME

MOTHER Willie B. Norman

Residence (Usual place of abode)

Near Emmett

Residence (Usual place of abode)

Near Emmett

If non-resident, give place and State

If non-resident, give place and State

Color or race

White

Age at last Birthday

22

Color or race

White

Age at last Birthday

10

Birthplace

Iowa

(City and State or County)

Birthplace

Texas

(City and State or County)

Occupation

Stockman

Occupation

housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive

Stillborn

at

M.

(Signature)

was Willie B. Wilson
now Willie B. Carpenter

Mother

(Physician or midwife)

Address

Emmett, Idaho

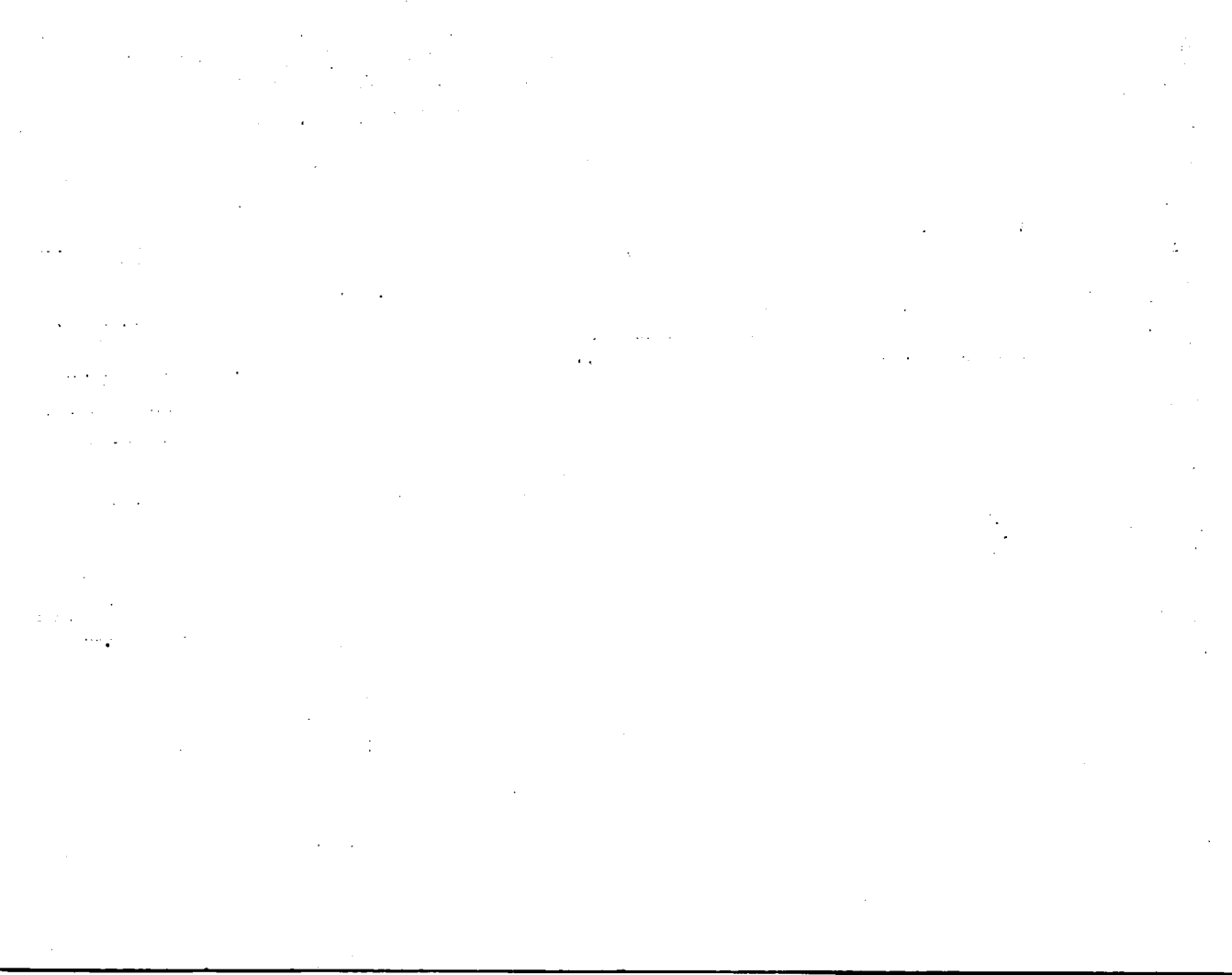
Filed

Jan 10 1931

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
187291
CERTIFICATE OF BIRTH
RECEIVED JAN 10 1931



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear
City of (Bear) Dean Dyck

No. 466125 St. 008-281

(If born in hospital or institution give name.)

FULL NAME OF CHILD

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth (Month) (Day) (Year) <u>Oct. 25, 1891</u>
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth Second (a) Born alive and now living Yes

Born alive but now dead X Stillborn

FATHER FULL NAME <u>Francis Moore</u>	MOTHER FULL MAIDEN NAME <u>Priscilla Anna Leland Moore</u>
--	---

Residence (Usual place of abode)

If non-resident, give place and date Born Apr. 5, 1857

Color or race White Age at last Birthday (Years) Born Apr. 10, 1867

Birthplace Iowa (City and State or County)

Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at Stillborn M.
on the date above stated.

(Signature) Priscilla A. Moore

Mother
(Physician or midwife)

Address 577 Hospital Road

Filed July 15, 1932 Paul D. Seligman
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

STATE OF UTAH)
) ss.
COUNTY OF SALT LAKE)

PRISCILLA ANNA SHAW MOORE, being first duly sworn, deposes and says that she is a resident of Salt Lake City, Utah and is a citizen of the State of Utah and of the United States of America; that ROY REX MOORE is her son; that he was born to her near Van Wick, Boise County, Idaho, October 25, 1891; that she and her husband, the father of ROY REX MOORE, were both citizens of the United States of America at the time of said birth; that ROY REX MOORE is at the present time a citizen of the State of Utah and of the United States of America.

Further deponent sayeth not.

Priscilla Anna Shaw Moore

Subscribed and sworn to before
me this 5 day of July, 1932.

Erwin Dawson
Notary Public

7-17-41

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

652-10910-795
PLACE OF BIRTH

RECEIVED
SEPT 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

205254
205254

CERTIFICATE OF BIRTH

County of Canyon
City of Nampa
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Clifford Grete Weston
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>boy</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate?	Date of birth <u>Nov. 4th 1891</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth one (a) Born alive and now living yes

Born alive but now dead _____ Stillborn _____

FATHER		MOTHER	
FULL NAME <u>Dr. John Nichols Weston</u>	FULL MAIDEN NAME <u>Miss Minnie Grete</u>		
Residence (Usual place of abode) <u>Nampa, Idaho</u>	Residence (Usual place of abode) <u>Nampa, Idaho</u>		
If non-resident, give place and State _____	If non-resident, give place and State _____		
Color or race <u>white</u> Age at last Birthday <u>31</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>31</u> (Years)		
Birthplace <u>Stanford, Conn.</u> (City and State, or County)	Birthplace <u>Silver City, Idaho</u> (City and State, or County)		
Occupation <u>Doctor</u>	Occupation <u>Housewife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at A.M. M.
on the date above stated.

(Signature) Mrs. Minnie Weston

Mother
(Physician or midwife)

Address 27 W. Woodland Ave.
Blue Ridge N.J.

Filed _____ 19 _____

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

PLACE OF BIRTH

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

209130

County of AdaCity of BoiseNo. 366-207 001 666 St. D. H. & IdahoRegistration District No. 2 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 1004 Local Registrar's No. _____FULL NAME OF CHILD Emily Twogood
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Female	Twin Triplet or other? <input checked="" type="checkbox"/>	and	Number in order of birth <u>1st</u>	Legitimate? Yes	Date of birth	Feb. 7th, 1891
		(To be answered only in event of plural births)				(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver NitrateNumber of child of this mother, including present birth 1 (a) Born alive and now living 1Born alive but now dead 0 Stillborn _____

FATHER	MOTHER
FULL NAME <u>Merritt L. Twogood</u>	FULL MAIDEN NAME <u>Ida Woods</u>

Residence (Usual place of abode) Boise

If non-resident, give place and State _____

Color or race White Age at last Birthday 27 White Age at last Birthday 21
(Years) (Years)Birthplace Leland Oregon Boise Idaho
(City and State or County) (City and State or County)Occupation Contractor Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at _____ M.
on the date above stated.(Signature) Geo. Cantel

(Physician or midwife)

Address BoiseFiled 1-20 1933 W. E. Rhodes

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

APR 27 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
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RECEIVED APR 20 1933

PLACE OF BIRTH

County of Custer
City of Houston
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

211487

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD

Raymond Trego Greene
(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth <u>March 11</u> , 19 <u>31</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth two (a) Born alive and now living yes

Born alive but now dead _____ Stillborn _____

FATHER
FULL NAME John Hammond Greene
Residence (Usual place of abode) Houston
If non-resident, give place and State Idaho
Color or race white Age at last birthday 40 (Years)
Birthplace South Bend Indiana
(City and State or County)
Occupation Merchant

MOTHER
FULL MAIDEN NAME Medora B. Trego
Residence (Usual place of abode) Houston
If non-resident, give place and State Idaho
Color or race white Age at last birthday 27 (Years)
Birthplace Orion, Henry Co. Ill.
(City and State or County)
Occupation _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at 11 P. M.

(Signature) Medora B. Trego
(Mother)
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Mackay, Idaho
Filed Apr 20 1933 Registrar.

JUN 18 1942

Mr A. D. Streeter
" C. C. Davidson
Mrs James Beverland

All J Mackay, Idaho.

Dr Dodge in attendance.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

469-117-045-619

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 217466

1. PLACE OF BIRTH
County of Valley
City of Crichton
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Robert Ingersoll Morrell

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other.....	6. Premature.....	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 17 1891</u> (Month, Day, Year)
		5. Number, in order of birth.....	Full term.....		

9. Full name
Sig Morrell
FATHER

18. Full maiden name
Fannie Cheney Waring
MOTHER

10. Residence (usual place of abode)
Fairfield
(If non-resident, give place and State)

19. Residence (usual place of abode)
Fairfield
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 27 (years)

20. Color or race W 21. Age at last birthday 22 (years)

13. Birthplace (city or place)
Prescott Kansas
(State or country)

22. Birthplace (city or place)
Oakland Calif.
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work
_____, 19____

25. Date (month and year) last engaged in this work
_____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____
Before labor.....
During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Sig Morrell M.D.
or _____ Mother _____ Midwife _____

Give name added from a supplemental report _____
(Date of) _____

Address 612 Franklin St. Boise, Idaho

Filed Dec, 1933

Filed among state certificates December 1933

Registrar.

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WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

693-123-001-213
PLACE OF BIRTH

County of Idaho
City of Boise
No. E. end of St.

Warm Springs
(If born in hospital or institution give name.)

FULL NAME OF CHILD

Registration District No. 8 State File No. 224101

Prim. Registration District No. 2004 Local Registrar's No. 19

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>Y</u>	Date of birth <u>Jan. 23, 1891</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 7 (a) Born alive and now living 6

Born alive but now dead 1 Stillborn 0

FATHER	MOTHER
FULL NAME <u>Robt. B. Wilson</u>	FULL MAIDEN NAME <u>Louisa Bacon</u>
Residence (Usual place of abode) <u>E. end of W. S.</u>	Residence (Usual place of abode) <u>same</u>
If non-resident, give place and State <u>Idaho</u>	If non-resident, give place and State <u>Idaho</u>
Color or race <u>Pa</u> Age at last birthday <u>53</u> (Years)	Color or race <u>Mo</u> Age at last birthday <u>33</u> (Years)
Birthplace <u>Idaho</u> (City and State or County)	Birthplace <u>Idaho</u> (City and State or County)
Occupation <u>Farmer</u>	Occupation <u>Idaho</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at M.
on the date above stated. { Stillborn }

(Signature) Louisa B. Wilson
mother
(Physician or midwife)

Address Box 606
Filed 8-21-1934 W. H. Rhodes
Registrar.

(*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

JAN 10 1955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

693-109-001-769
1. PLACE OF BIRTH
County of Ada
City of Boise
No. _____ St. _____

231026
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 231026

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ralph Porter Fitzpatrick

3. Sex male { If plural births _____ } 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth 6/9/1894 (Month, Day, Year)

9. Full name FATHER Michael Fitzpatrick 18. Full maiden name MOTHER Aurelia Porter

10. Residence (usual place of abode) (If non-resident, give place and State) Boise 19. Residence (usual place of abode) (If non-resident, give place and State) Boise

11. Color or race W 12. Age at last birthday 34 (years) 20. Color or race W 21. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or country) Ireland 22. Birthplace (city or place) (State or country) Boise

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent last engaged in this work _____ 19. _____ in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent last engaged in this work _____ 19. _____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks _____ 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
(Signed) Geo. Caniste _____, M. D.

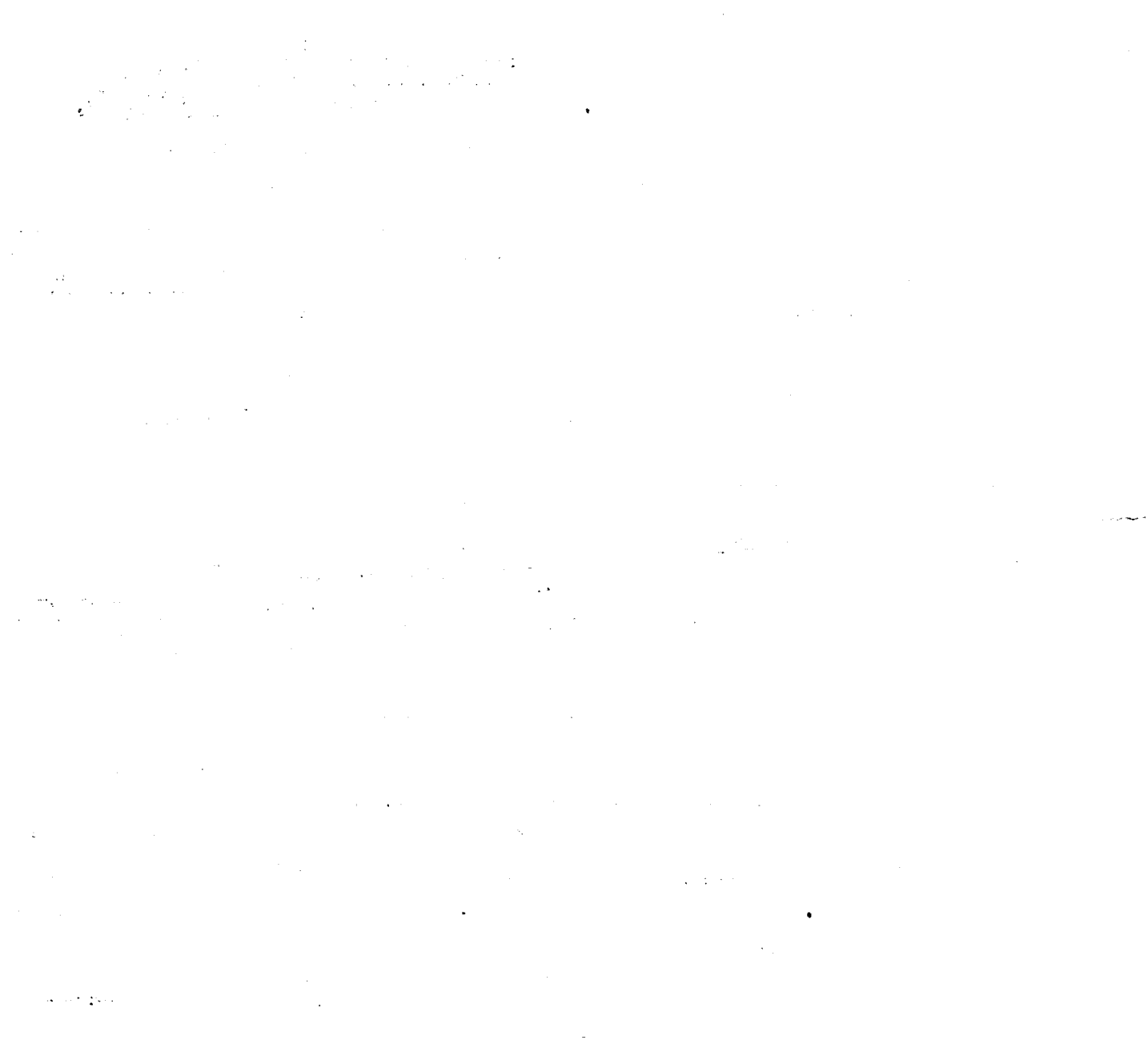
or _____, Midwife

Give name added from a supplemental report _____ Address _____

(Date of) _____ Filed Jan _____, 1934 _____

Registrar.

Registrar.



432-209 029-993

1. PLACE OF BIRTH
 County of Latah
 City of _____
 No. _____ St. _____

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

232557

Registration District No. _____ State File No. _____
 (If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Maybelle Mc Kee

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 1st 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth Nov-9, 1891 (Month, Day, Year)

9. Full name Albert Mc Kee FATHER 18. Full maiden name Eva Luella Riley MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Taney Ida 19. Residence (usual place of abode) (If non-resident, give place and State) Taney Ida

11. Color or race White 12. Age at last birthday 67 (years) 20. Color or race White 21. Age at last birthday 20 (years)

13. Birthplace (city or place) (State or Country) Cincinnati Ohio Birthplace (city or place) (State or Country) Avoca Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? cleanliness

28. Number of children of this mother (At time of this birth and including this child) One
 (a) Born alive and now living one (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation X months or weeks _____ 30. Cause of stillbirth X Before labor X During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 7 a.m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. Mother (Signed) Mrs. John Gladden M.D.

Give name added from Mrs. Luella (Mc Kee) or _____, Midwife
 a supplemental report Worley Idaho (Date of) Herrington

Address _____ Filed May 18, 1935 Registrar. _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs. Rod Drury - Moscow Idaho
Oscar O. Marey - Kendrick - Idaho
Amos Moore - Kendrick - Idaho.

JUN 9 1944

391-246 001 238

232802

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **232822**

1. PLACE OF BIRTH
County of Ada
City of Boise
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Louise Elizabeth Crain

3. Sex Female	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? yes	8. Date of birth <u>May 16 1891</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name
FATHER
James C. Crain

18. Full
maiden name
MOTHER
Caroline Schram

10. Residence (usual place of abode)
(If non-resident, give place and State) Boise, Idaho

19. Residence (usual place of abode)
(If non-resident, give place and State) Boise, Idaho

11. Color or race W | 12. Age at last birthday 30 (years)

20. Color or race W | 21. Age at last birthday 22 (years)

13. Birthplace (city or place) Bath County, Kentucky
(State or Country)

22. Birthplace (city or place) Silver Spring, Pa.
(State or Country)

14. Trade, profession, or particular
kind of work done, as spinner, Stable Boss,
sawyer, bookkeeper, etc.

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc.

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Boise Barracks

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Housewife

16. Date (month and year)
last engaged in this work
_____, 19____

25. Date (month and year)
last engaged in this work
_____, 19____

17. Total time (years) spent
in this work _____

26. Total time (years) spent
in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother _____ (At time of this birth and including this child)

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

(Signed) Caroline Crain (Mother), M. D.

or Caroline Crain, Midwife

Give name added from
a supplemental report _____

Address 4938 N.E. Halsey St. Portland, Oreg.

(Date of) _____

Filed 6-28-35, 193____

Registrar.

Registrar.

OCT 9 1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of _____
City of Glenn Ferry, Idaho.
No. 377-220-226-695 St. _____
(If born in hospital or institution give name.) _____
Registration District No. _____ State File No. _____
FEB 5 1936 RECEIVED
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 239226
2. FULL NAME OF CHILD Edith Erma Lightfoot
3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth 1
6. Premature No 7. Legitimate Yes 8. Date of birth June 20, 1891
(Month, Day, Year)
9. Full name of FATHER Edith Erma Lightfoot John, Harry Lightfoot
10. Residence (usual place of abode) Fairfield, Idaho.
(If non-resident, give place and State) _____
11. Color or race White 12. Age at last birthday 39 (years)
13. Birthplace (city or place) Kentucky 34 (State or country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
18. Full maiden name of MOTHER Janette Laird Finch
19. Residence (usual place of abode) Fairfield, Idaho
(If non-resident, give place and State) _____
20. Color or race White 21. Age at last birthday 39 (years)
22. Birthplace (city or place) Utah 24 (State or country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) five
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 3
29. If stillborn, period of gestation 9 months or weeks ne from fall on sidewalk
30. Cause of stillbirth ne from malnutrition Before labor one During labor one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) _____, M. D.
or _____, Midwife
Give name added from a supplemental report Mrs. Janette Lightfoot Address _____
now at Glenn Ferry, Idaho (Date of) March 1936 Filed _____, 1936
Registrar. Registrar.

ON AGENT TO THE
MAY 1961
OFFICE OF THE
KING OF SWEDEN

Mr J. P. Lefkovich - Belgrade - Montenegro -

Mrs Eva R. Ring - Chula Vista - Cal - 70. Dr A. A. Higgo.

Mrs Blanche Koonce - Fairfield - Idaho.

JUL 28 1961

MAR 20 1963

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH Idaho

County of Frontenac 028-758

City of Idaho

Idaho

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

241897

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Fred Jason Babcock

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twins or other? <u>None</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>Aug 15 1891</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth Three (a) Born alive and now living Two

Born alive but now dead None Stillborn One

FATHER
FULL NAME Jason Eugene Babcock

Residence (Usual place of abode) Coeur d'Alene

If non-resident, give place and State Idaho

Color or race White Age at last birthday 28 (Years)

Birthplace Wisconsin (City and State or County)

Occupation Farmer

MOTHER
FULL MAIDEN NAME Bertha Peyton

Residence (Usual place of abode) Coeur d'Alene Idaho

If non-resident, give place and State Idaho

Color or race White Age at last birthday 27 (Years)

Birthplace Canada near Montreal (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at M.

(Signature) Jason E Babcock

Father

(Physician or mid-wife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address.....

Filed Apr. 29, 1936 Pearl Lillingham

Registrar.

AUG 18 1942

DELAYED

• 1 1 12/37/2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each of birth stated.

439-217-035-435

244 505

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

244555

1. PLACE OF BIRTH
County of Nezperce
City of Leland
No. _____ St. _____

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Mary Jane McIver

3. Sex _____ If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth June 17 1891
(Month, Day, Year)

9. Full name Kenneth McIver FATHER

13. Full maiden name Mary A. McElhannon MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) _____

19. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race Scotch 12. Age at last birthday 3 1/2 (years)

20. Color or race Irish 21. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or country) Sherbrook Que. Can.

22. Birthplace (city or place) (State or country) Dubois, Ill.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work May 1, 1934

25. Date (month and year) last engaged in this work Sept 1890

17. Total time (years) spent in this work 55

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) one

(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks _____ 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

Give name added from a supplemental report _____

or Father Kenneth McIver Midwife

Address Leland Idaho

Filed July 16, 1936

(Date of)

Registrar.

Registrar.

AUG 21 1945

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated. This certificate must be filed by the attending physician or midwife with the local registrar within 10 days after birth.

POSTOFFICE ADDRESS OF MOTHER

State Registered No. 246598		Local Registered No. 246598	
<div style="text-align: center;"> <div>SEP 25 1936 RECEIVED</div> <div>Certificate of Birth</div> </div>			
<div> <div>1. Place of Birth</div> <div> County <u>Bingham</u> State <u>Idaho</u> </div> <div> Township _____ or Village _____ </div> <div> City <u>Blackfoot</u> No. _____ St. _____ Ward _____ </div> </div>			
<div> <div>2. Full name of child</div> <div> <u>Charles Henry Herman</u> </div> </div>			
<div> <div>3. Sex of child</div> <div> <div>To be answered ONLY in event of plural births.</div> <div>4. Twin, triplet or other.</div> <div>5. Number in order of birth.</div> </div> </div>			
<div> <div>6. Premature.</div> <div>7. Legitimate?</div> <div>8. Date of birth</div> </div>			
<div> <div>9. Full name</div> <div> <div>FATHER</div> <div><u>John Morrison Herman</u></div> </div> </div>			
<div> <div>10. Residence</div> <div> <div>(Usual place of abode)</div> <div><u>Blackfoot, Idaho</u></div> </div> </div>			
<div> <div>11. Color or race</div> <div>12. Age at last birthday</div> </div>			
<div> <div>13. Birthplace (city or place)</div> <div> <div>(State or country)</div> <div><u>Troy New York</u></div> </div> </div>			
<div> <div>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</div> <div>15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.</div> </div>			
<div> <div>16. Date (month and year) last engaged in this work</div> <div>17. Total time (years) spent in this work</div> </div>			
<div> <div>18. Full maiden name</div> <div>19. Residence</div> </div>			
<div> <div>20. Color or race</div> <div>21. Age at last birthday</div> </div>			
<div> <div>22. Birthplace (city or place)</div> <div> <div>(State or country)</div> <div><u>Navarino New York</u></div> </div> </div>			
<div> <div>23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.</div> <div>24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.</div> </div>			
<div> <div>25. Date (month and year) last engaged in this work</div> <div>26. Total time (years) spent in this work</div> </div>			
<div> <div>27. Number of children of this mother</div> <div> <div>(Taken as of time of birth of child herein certified and including this child)</div> <div> <div>(a) Born alive and now living</div> <div>(b) Born alive but now dead</div> <div>(c) Stillborn</div> </div> </div> </div>			
<div> <div>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</div> </div>			
<div> <div>I hereby certify that I attended the birth of this child, who was born alive at</div> <div> <div>on the date above stated.</div> </div> </div>			
<div> <div>* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.</div> </div>			
<div> <div>Given name added from a supplemental report</div> <div>Address</div> </div>			
<div> <div>(Month, day, year)</div> <div>Filed</div> <div>Registrar</div> </div>			

UNITED STATES STANDARD CERTIFICATE OF BIRTH

Why births should be registered—There is hardly a relation of life, social, legal, or economic, in which the evidence furnished by an accurate registration of births may not prove to be of the greatest value, not only to the individual but also to the public at large. It is not only an act of civilization to register birth certificates but good business, for they are frequently used in many practical ways, some of which are listed below:

- (1) As evidence to prove the age and legitimacy of heirs;
- (2) As proof of age to determine the validity of a contract entered into by an alleged minor;
- (3) As evidence to establish age and proof of citizenship and descent in order to vote;
- (4) As evidence to establish the right of admission to the professions and to many public offices;
- (5) As evidence of legal age to marry;
- (6) As evidence to prove the claims of widows and orphans under the widows' and orphans' pension law;
- (7) As evidence to determine the liability of parents for the debts of a minor;
- (8) As evidence in the administration of estates, the settlement of insurance and pensions;
- (9) As evidence to prove the irresponsibility of children under legal age for crime and misdemeanor, and various other matters in the criminal code;
- (10) As evidence in the enforcement of law relating to education and to child labor;
- (11) As evidence to determine the relations of guardians and wards;
- (12) As proof of citizenship in order to obtain a passport;
- (13) As evidence in the claim for exemption from or the right to jury and military service.

Statement of occupation—Make some entry in this section for each parent. For a woman whose only occupation is that of home housework, write "housework" in answer to question 23 and "own home" in answer to question 24. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as "housekeeper—private family," "cook—hotel," etc. For a person who has no occupation whatever write "none."

To be complete, an occupation return must state:

- (14) and (23) The trade, profession, or particular kind of work done.
- (15) and (24) The industry or business in which the work is done.
- (16) and (25) The month and year the person last worked at the occupation.
- (17) and (26) The number of years the person followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as "spinner," "weaver," etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as "grocery store," "soap factory," "cotton mill," etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as "civil engineer," "mechanical engineer," "mining engineer," "stationary engineer," etc. Avoid the term "laborer" when a more precise statement of occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as "carpenter," "painter," "machinist," etc. Distinguish carefully between "retail merchants" and "wholesale merchants." A person who sells goods should be called a "salesman" and not a "clerk."

I Chester James Herman being first duly sworn on oath
depose and say, that I am the ^{brother} of Charles Henry Herman,
that my brother, Charles Henry Herman was born in Blackfoot,
County of Bingham, State of Idaho, at the hour of 12:30^{AM} on the
2nd day of June 1901.

That at the time of the birth of my brother, Charles Henry Herman,
provision was not made for filing with the County Clerk of said
County, of said State, certificate of said birth, nor is there in
existence at this time nor has there ever been a baptismal certificate
noting the date of said birth.

To the personal knowledge of affiant, my brother, Charles Henry Herman
Herman is a citizen of the United States of America and he has during
the entire period of his life maintained said citizenship and has
resided within the United States of America.

My brother, Charles Henry Herman was born of the parentage of
John Morrison Herman, Father, who was an American Citizen and
Henrietta Augusta Herman, Mother, who is an American Citizen.

Chester James Herman

Subscribed and sworn to me this 2nd day of September 1936.

My commission expires: April 30, 1936

Quentin Keen
Notary Public for State of Montana
Residing at Helena, Montana.

I Lela H Mays being first duly sworn on oath depose and say, that I am the sister of Charles Henry Herman, that my brother Charles Henry Herman was born in Blackfoot, County of Bingham, State of Idaho, at the hour of 12:30 AM, on the 2nd day of June 1891.

That at the time of the birth of my brother Charles Henry Herman, provision was not made for filing with the County Clerk of said County, of said State, certificate of said birth, nor is there in existence at this time nor has there ever been a baptismal certificate noting the date of said birth.

To the personal knowledge of affiant, my brother Charles Henry Herman is a citizen of the United States of America and he has during the entire period of his life maintained said citizenship and has resided within the United States of America.

My brother Charles Henry Herman was born of the parentage of John Morrison Herman, Father, who was an American Citizen and Henrietta Augusta Herman, Mother, who is an American Citizen.

Lela H. Mays

Subscribed and sworn to me this 9th day of September 1936

My commission expires:

June 10, 1939.

Charles R. Ray
Notary Public for Oregon

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

296 231 029 867

1. PLACE OF BIRTH
County of Idaho
City of Arvin Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

247321

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Martha Alice Brown

3. Sex female { If plural births } 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Jan 31 1897
(Month, Day, Year)

9. Full name FATHER Isaiah Merrell Brown

10. Residence (usual place of abode) Arvin Idaho
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 38 (years)

13. Birthplace (city or place) Newport Rhode Island
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Lumber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc Carpenter

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) John E. Stickney, Sister D. Caldwell, Idaho 1893
Subscribe & sworn to before me this 30th day of September, 1936.

(Date of) _____ Registrar.

John E. Stickney
Notary Public for Idaho
Residing at Caldwell, Idaho. -Registrar.

Filed Oct. 2 1936



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

133-126 001-133

249724

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 1708 1/2 N 8 St.

DEC 4 '37

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 249724

Registration District No. 2 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 1004 Local Registrar's No. _____

2. FULL NAME OF CHILD Franklin Earl Allsup

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____	6. Premature. _____ Full term. _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>October 26 1891</u> (Month, Day, Year)
-----------------------	--	---	---------------------------	---

9. Full name <u>Marion Franklin Allsup</u>	FATHER	18. Full maiden name <u>Cora Estelle Willis Allsup</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>1708 1/2 N 8</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>1708 1/2 N 8</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>41</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>35</u> (years)
13. Birthplace (city or place) (State or Country) <u>Illinois</u>		22. Birthplace (city or place) (State or Country) <u>East Cornish Vermont</u>	

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plaster</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work <u>October 26 1891</u>	17. Total time (years) spent in this work <u>15 years</u>	25. Date (month and year) last engaged in this work <u>October 26 1891</u>	26. Total time (years) spent in this work <u>10 years</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 3 (At time of this birth and including this child)

(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

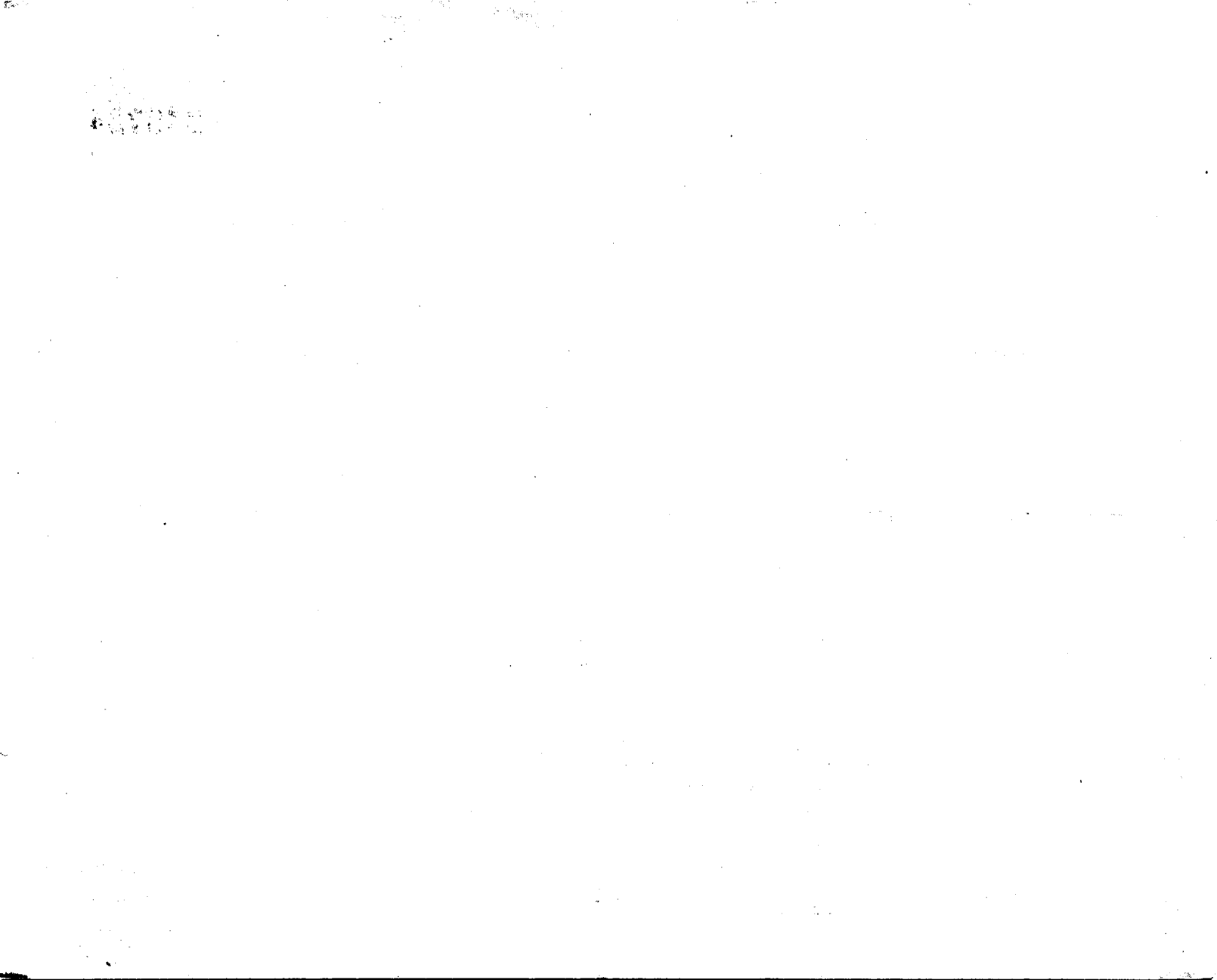
I hereby certify that I attended the birth of this child, who was Born Alive at 4:50 am. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

Registrar,

(Signed) _____, M. D.
or X Annie J. Gower, Midwife
Address 12-31, 1936 R. Sharp
Filed _____
Registrar,



1. PLACE OF BIRTH
County of _____
City of KETCHUM
No. _____ St. _____

(If born in hospital or institution give name.) **AT HOME**

2. FULL NAME OF CHILD

3. Sex <i>FEM</i>	4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term <i>X</i>	7. Legitimate? <i>YES</i>	8. Date of birth <i>SEPT. 16 1891</i> (Month, Day, Year)
----------------------	--	------------------------------------	------------------------------	--

9. Full name **FATHER**
JOHN RICHARD COURTNEY

10. Residence (usual place of abode)
(If non-resident, give place and State) ITERSHUY

11. Color or race... W... 12. Age at last birthday... 20 years

13. Birthplace (city or place).....Tombstone.....
(State or country).....ARIZONA.....

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. TEAMSTER

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. GOLD MINES

16. Date (month and year) last engaged in this work Nov. 1949 17. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) **THREE**
 (a) Born alive and now living 3 (b) Born alive but now dead 3 (c) Stillborn.....

29. If stillborn, } months } Before labor.....
 period of gestation..... } or weeks } During labor.....

30. Cause of stillbirth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 3:30 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from
a supplemental report.

(Date of)

Registrar.

(Signed) _____

or MOTHER ~~MOTHER~~

Address 4506 - SE CLINTON, PORTLAND.

Filed 1/25/87, 193.....

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. Local Registrar's No.

GRASE MILDRED COOCH V

18. Full maiden name **MOTHER**
ANNA DORIS JAGUES

19. Residence (usual place of abode)
(If non-resident, give place and State) DETROIT

20. Color or race... h 21. Age at last birthday... 32 (years)

22. Birthplace (city or place).....SACRAMENTO.....
(State or country).....CALIF.....

23. Trade, profession, or particular kind
of work done, as housekeeper
typist, nurse, clerk, etc. HOUSEKEEPER

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. OWN HOME

25. Date (month and year) last engaged in this work DEC, 1999 26. Total time (years) spent in this work 12.45

Donatorum?

and including this child) **THREE**
 living 3 (b) Born alive but now dead 3 (c) Stillborn.....

JAN 14 1965

THREE PEOPLE WHO KNEW
OF THIS BIRTH

CYRUS COURTNAY — GRANTS PASS, OREGON

LINCOLN COURTNAY — TWIN FALLS, IDAHO,

MABLE COURTNAY — TWIN FALLS, IDAHO

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF MISTAKE, one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 995-123-008-343
PLACE OF BIRTH
County of Boise
City of Sweet
No. _____ St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

250741

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Emmett C. Ireton

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Sept. 23</u> , 19 <u>3</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name FATHER
Charles Harvey Ireton
10. Residence (usual place of abode)
(If non-resident, give place and State) Sweet, Ida.
11. Color or race W | 12. Age at last birthday 25 (years)
13. Birthplace (city or place) Ohio
(State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____, 19____

18. Full maiden name MOTHER
Hannah M. Lucky
19. Residence (usual place of abode)
(If non-resident, give place and State) Sweet, Ida.
20. Color or race W | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) Kansas
(State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Charles H. Ireton, M. D.
or Father, Midwife
Address _____
Filed 2/5/37, 193

Registrar. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

1
Mrs John Wiley - Boise, Idaho
J. A. Cullen - Seattle, Wash.
Oste Cunniff - Boise, Idaho.

665-214-006-766
1. PLACE OF BIRTH
County of Bingham
City of Ammon
No. _____ St. _____

FEB 23 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

251750

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Gella May Owen

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature yes Full term _____ 7. Legitimate? yes 8. Date of birth Feb 14, 1891 (Month, Day, Year)

9. Full name FATHER Daniel Warren Owen
10. Residence (usual place of abode) (If non-resident, give place and State) Eagle Rock
11. Color or race white 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Ogden Utah

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 6 yrs

18. Full maiden name MOTHER Clementine Powder
19. Residence (usual place of abode) (If non-resident, give place and State) Eagle Rock
20. Color or race white 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Bear River, Virginia

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 6 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 5 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) Clementine Owen (Mother), M. D.
or _____, Midwife
Address 170-13th St. Idaho Falls, Idaho

(Date of) _____

Filed MAR 2 1937, 1937 _____
Registrar. _____ Registrar. _____

Mrs. E. R. Landon, Cliff St. Idaho Falls, Ida.
Mrs. Lizzie Rawson, Eastern Ave, Idaho Falls
Mrs. Rose Owen Idaho Falls R # 3.

OCT 21 1957

OCT 28 1957

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

393-108-029-194
PLACE OF BIRTH

County of Latah
City of Benewah Idaho
No. _____ St. APR 2 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

252476

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration-District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD William Edison Lile

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth December 2, 1936 (Month, Day, Year)

9. Full name FATHER Squire Newton Lile 18. Full maiden name MOTHER Ida May Armstrong

10. Residence (usual place of abode) (If non-resident, give place and State) Benewah Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Benewah Idaho

11. Color or race white 12. Age at last birthday 22 (years) 20. Color or race white 21. Age at last birthday 15 (years)

13. Birthplace (city or place) (State or Country) Ematilla Oregon 22. Birthplace (city or place) (State or Country) Alpine County California

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 2 25. Date (month and year) last engaged in this work _____ 19. _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) one (a) Born alive and now living living (b) Born alive but now dead (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Father Squire N. Lile

Give name added from a supplemental report _____ or _____, Midwife

(Date of) _____ Address Benewah Idaho Filed 4/12/37 193. _____

Mary Louise Lile Registrar. now deceased acted as Midwife Registrar.

Mr J H Armstrong
1713-14th St
Corbett Washington

Mr A L McCarty
2010-14 2nd Ave
Spokane Washington

Mr J H Armstrong
State St
Bend Oregon

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Bannock</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Pocatello</u>		BUREAU OF VITAL STATISTICS	
No. _____		CERTIFICATE OF BIRTH	
		258568	
(If born in hospital or institution give name)		Registration District No. _____ State File No. _____	
2. FULL NAME OF CHILD <u>Phineas P. Lowder</u>		Prim. Registration District No. _____ Local Registrar's No. _____	
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legitimate? <u>Yes</u>
8. Date of birth <u>April 12, 1891</u> (Month, Day, Year)			
9. Full name <u>William Lowder</u> FATHER		18. Full maiden name <u>Lizzie Cushing</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Pocatello</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Pocatello</u>	
11. Color or race <u>White</u>		20. Color or race <u>White</u>	
12. Age at last birthday _____ (years)		21. Age at last birthday _____ (years)	
13. Birthplace (city or place) (State or Country) <u>Bone Iowa</u>		22. Birthplace (city or place) (State or Country) <u>Longed Ireland</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>RR Brakeman</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Silver nitrate</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>None</u> (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { Before labor _____ During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (OVER)			
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)			
(Signed) _____, M. D.			
or _____, Midwife			
Address _____			
Filed <u>OCT 7 - 1937</u> , 193 _____			
Registrar. _____			

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

Registrar.

Registrar.

Phineas P. Lowder is
the first child of my
youngest sister, was
born in Pocatello, Idaho,
on April 12, 1891, no
physician attending my
sister: A midwife, Annie
Conlon, officiated. She
has been dead all of
20 years. I was not pres-
ent at the birth but ar-
rived at my sister's home
several ^{3rd} days later.

Mrs Delia Cushing Ring
State of Arkansas
County of Pulaski

Mrs Delia Cushing Ring, my
neighbor & known to me for many
years, signs & subscribes to the truth
of above statement
My Com Exh 5-1-38 D. H. Atkinson R.P.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH -
BUREAU OF VITAL STATISTICS

State of Arkansas }
County of Pulaski } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Mrs Delia Cushing Ring being first duly sworn says that
she is the Aunt of Phineas P. Lowder
(Relationship of child)*
born April 12, 1891 at Poratello, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Phineas P. Lowder

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that no physician but a M.D. was the
midwife, Aggie Cason, now dead Midwife
medical attendant at the birth of said Phineas P. Lowder and that
the said medical attendant is dead all of 20 years ago
(Now deceased (or) cannot be located)

Name of Affiant Mrs Delia Cushing Ring

P. O. Address 1908 W. 1st St. Rock Ave

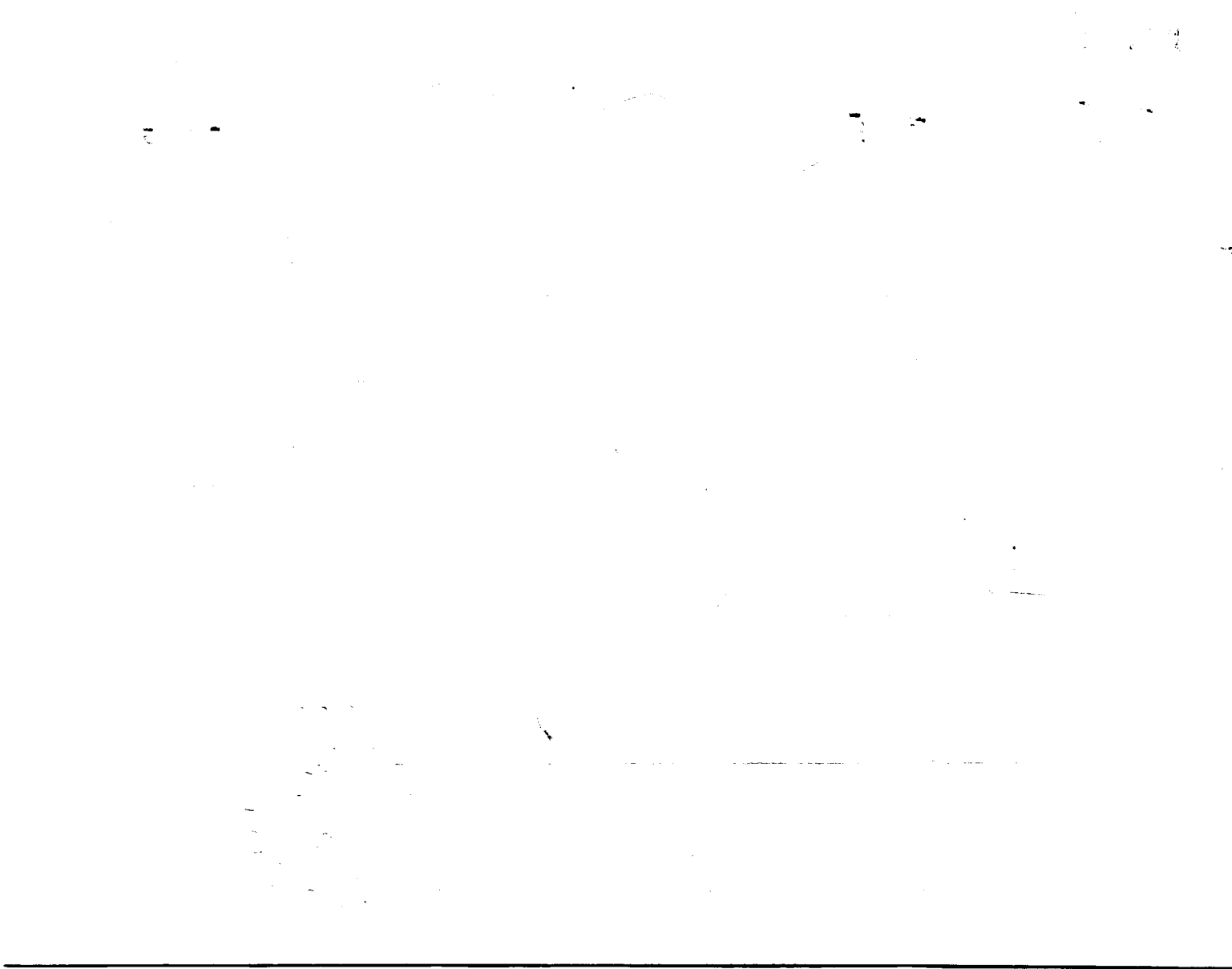
Subscribed and sworn to before me this 30 day of September, 1937

Try Cor. Exp.
18-1-38

Notary Public.

Residing at 1908 W. 1st St. Rock Ave, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 845-128-003-613
PLACE OF BIRTH
County of Bannock
City of Pocatella Idaho
No. at home St.

RECEIVED
NOV 8 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259608

259608

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Dabney Lincoln Humble

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth May 28, 1891 (Month, Day, Year)

9. Full name FATHER Lincoln Humble 18. Full maiden name MOTHER Julia Walker

10. Residence (usual place of abode) (If non-resident, give place and State) _____ 19. Residence (usual place of abode) (If non-resident, give place and State) Pocatella

11. Color or race white 12. Age at last birthday 38 (years) 20. Color or race white 21. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Bloomfield Missouri 22. Birthplace (city or place) (State or Country) Geneva Switzerland

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cow hand OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Stock Ranch 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work May 28, 1891 17. Total time (years) spent in this work 13 yrs 25. Date (month and year) last engaged in this work May 28, 1891 26. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 4 (At time of this birth and including this child) 4 (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7 A. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) _____, M. D.

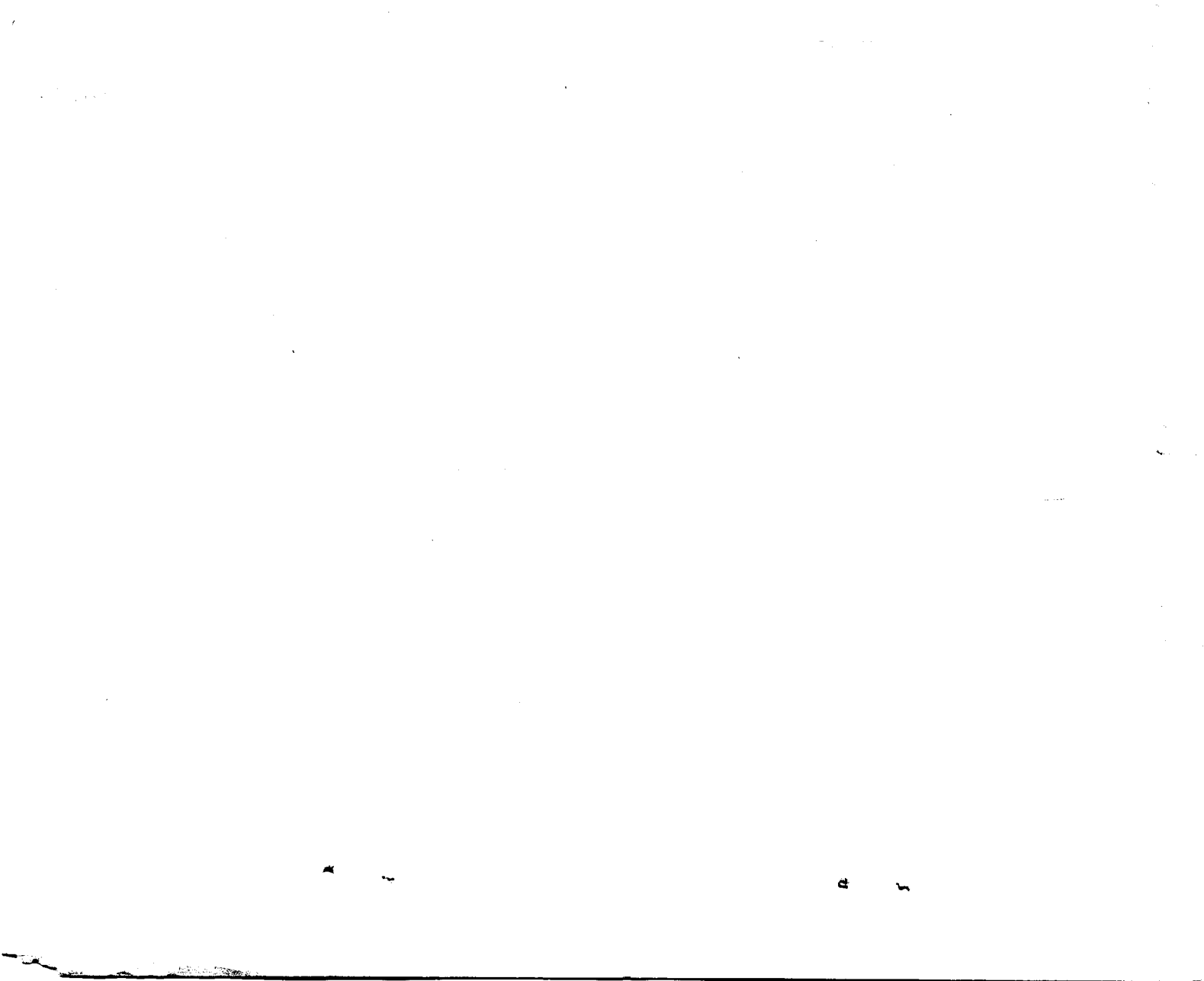
or _____, Midwife

Address _____

Filed Nov 3, 1937

Registrar.

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Montana

County of Teton

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Julia Humble

being first duly sworn says that

she is the mother

(Relationship of child)*

of Dabney Lincoln Humble

born May 28, 1891

(Date of birth)

at Pocatello

, Idaho,

whose certificate of birth is hereto attached, and that

she

desires to have the said birth

recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi

cate of birth of the said Dabney Lincoln Humble

hereto attached are true and correct

as stated therein, and that this birth has not been previously recorded.

Affiant further states that no doctor

M. D. was the
Midwife

medical attendant at the birth of said Dabney Lincoln Humble

~~and that~~

~~the said medical attendant is~~

(Now deceased (or) cannot be located)

Name of Affiant

Julia Humble

P. O. Address

Bynum, Montana

Subscribed and sworn to before me this 3rd

day of November

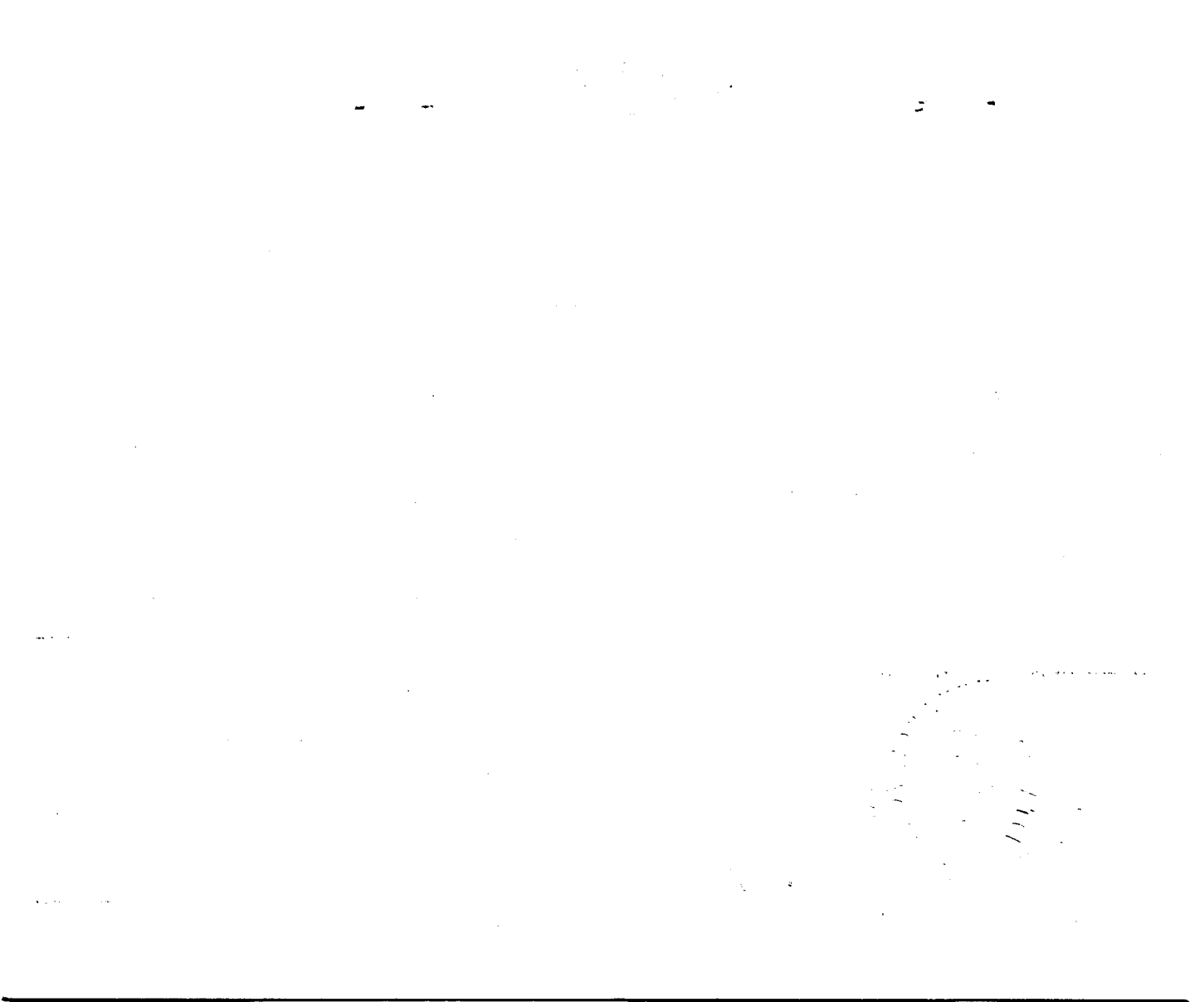
, 1937.

Commission expires Feb. 2, 1938

Residing at Choteau, Montana

Notary Public.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Blaine (Alturas)
City of Hailey
No. 465717045-493 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 259836

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. **FULL NAME OF CHILD** Otoe Francis Montandon

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Nov. 17</u> , <u>1891</u> ✓ (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>X</u>		

9. Full name **FATHER**
August Francis Montandon
10. Residence (usual place of abode)
(If non-resident, give place and State) Hailey, Idaho
11. Color or race white | 12. Age at last birthday 43 (years)
13. Birthplace (city or place) suburb of Paris, France
(State or Country)

18. Full maiden name **MOTHER**
Cynthia Augusta Millsaps
19. Residence (usual place of abode)
(If non-resident, give place and State) Hailey, Idaho
20. Color or race White | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) Rockport, Atchison County,
(State or Country) Missouri, on farm

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attorney-at-law
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. his own office
16. Date (month and year) last engaged in this work
present time, 19____ | 17. Total time (years) spent in this work 15

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work
present time, 19____ | 26. Total time (years) spent in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? don't know
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth - - - - { During labor. _____
Before labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE about 12:00 noon

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Cynthia A. Montandon mother

or _____, Midwife

Address P.O. Box 228 over 720 1/2 Lake St. Room 200

Subscribed and sworn to before me this 12th day of Nov, 1991

Filed _____ Registrar.

Pearl Billingham
State Registrar

FEB 25 1942

855-208 001 331

NOV 26 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

260649

1. PLACE OF BIRTH
County of Adair
City of Bose
No. 10th Main St St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Mayelle Elizabeth Henry3. Sex female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 6. Premature _____ Full term x 7. Legiti- mate? x 8. Date of birth June 8 1891 (Month, Day, Year) 1939. Full name Andrew Morrison Henry FATHER10. Residence (usual place of abode) (If non-resident, give place and State) dead11. Color or race white 12. Age at last birthday 47 (years)13. Birthplace (city or place) (State or Country) Ohio14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work Mar - 1, 192617. Total time (years) spent in this work 20 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother one (At time of this birth and including this child) one(a) Born alive and now living one (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 a.m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental Report _____

(Date of) _____

Registrar.

(Signed) Maud Henry (mother), M. D.
or 219-10 Ave. Dr., Midwife
Address Harper, IdaFiled Nov 26 1937, 1937

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Canyon } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Maud Henry being first duly sworn says that
Elizabeth Henry is the daughter of Andrew Henry & Maud Henry
(Relationship of child)*
born June 8-1891 at Boise, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that Maud Henry desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Elizabeth Henry
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.
Affiant further states that Dr. Fairchild M. D. was the
medical attendant at the birth of said Elizabeth Henry Midwife
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)
Name of Affiant Maud Henry
P. O. Address 219-12th St.ampa Idaho
Subscribed and sworn to before me this 23rd day of June, 1937
J. F. Piven
Notary Public.
Residing at ampa, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 4 1960

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

799-211-21-653
1. PLACE OF BIRTH
County of Ada AMENDED
City of Middleton June 8, 1954
No. _____ St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 261547

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Bertha Eva Griggs

3. Sex <u>female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? _____	8. Date of birth <u>Sept. 11, 1938</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

FATHER		MOTHER	
9. Full name <u>Elliott Griggs</u>	18. Full maiden name <u>Lou Anna Welch</u>	10. Residence (usual place of abode) (If non-resident, give place and State) <u>Middleton</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Middleton</u>
11. Color or race <u>W</u>	12. Age at last birthday <u>39</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>28</u> (years)
13. Birthplace (city or place) (State or Country) <u>Illinois</u>	22. Birthplace (city or place) (State or Country) <u>Illinois</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	16. Date (month and year) last engaged in this work _____	25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____	19 _____	19 _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Lou Ann Griggs McClaran, mother, M.D.
or _____, Midwife

Address Boise, Idaho Rt. 2

Filed Subscribed and sworn to before me this 6th day of Jan. 1938.
Pearl Dillingham
Notary Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Middleton
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **261547**

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Bertha Emma Griggs Born Sept 11, 1891

3. Sex	If plural births {	4. Twin, triplet, or other.....	6. Premature.....	7. Legiti-	8. Date of birth <u>Sept. 11, 1891</u> (Month, Day, Year)
		5. Number, in order of birth.....	Full term.....	mate?	

9. Full name **FATHER** Elliott Griggs
10. Residence (usual place of abode)
(If non-resident, give place and State) Middleton
11. Color or race white 12. Age at last birthday 39 (years)
13. Birthplace (city or place)
(State or Country) Illinois

18. Full maiden name **MOTHER** Lou Anna Welch
19. Residence (usual place of abode)
(If non-resident, give place and State) Middleton
20. Color or race white 21. Age at last birthday 28 (years)
22. Birthplace (city or place)
(State or Country) Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... { months or weeks	30. Cause of stillbirth..... { Before labor During labor
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....
(Date of) _____

(Born Alive or Stillborn)
(Signed) Lou Anna Griggs McClaskey Midwife

or _____
Address Boise Idaho, Route 2

Filed _____ this _____ day of _____ 1938
Subscribed and sworn to before me: _____
Registrar.

JUN 9 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS—

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Ada } ss.

Certificate No. 261547

Date Filed Jan 7 - 1938

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lurtha Emma Griggs who born on Sept 11, 1891 (Name on Original Certificate) (Was Born or Died) (Date of Event)
in Missilton Ida are erroneous or were omitted; and that, to the best of his knowledge, the (Place of Event)
true facts are shown by Cert # 64486 (con) prepared on July 24, 1918, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

FROM
(As on Original)

TO
(The Correct Facts)

Name Lurtha Emma Griggs Lurtha Eva Griggs

Subscribed and sworn to before me this 7th day of
June, 1934.

Signed Alta T. W. Ko (sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

521 N. 6th, Boise, Idaho

(Street Address, City, State)

~~Notary Public, residing at~~

~~My commission expires~~

(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1917 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of
June, 1934.

Signed Lucille N. Williams
(Signature of Any Credible Person)

5310 Plymouth Ave., Boise, Idaho

(Street Address, City, State)

Notary Public, residing at Boise, Idaho

My commission expires 1-29-36

(Seal)

851-102-003-296

265553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

265553

1. County of Bannock
City of Freedom
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Arthur Raymond Heap

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Jan. 2, 1891</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name
George W. Heap

FATHER

18. Full maiden name
Margaret Brown

MOTHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Freedom, Ida.

19. Residence (usual place of abode)
(If non-resident, give place and State) Freedom, Ida.

11. Color or race W | 12. Age at last birthday 41 (years)

20. Color or race W | 21. Age at last birthday 31 (years)

13. Birthplace (city or place)
(State or Country) Ohio

22. Birthplace (city or place)
(State or Country) Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of Stillbirth _____ { During labor or Before labor } _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Address _____

Filed May 5, 1938 Pearl Dillingham Registrar.

Registrar.

State Registrar.

Subscribed and sworn to before me this 1st day of May 1938
Pearl Dillingham
Notary Public

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

0043

434 228 045 813

1. PLACE OF BIRTH
County of Ada Altus
City of Boise Belchum
No. none St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
MAY 5 - 1938
CERTIFICATE OF BIRTH
265554

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Marguerite Jessie McDonald

3. Sex female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth April 28, 1899 (Month, Day, Year)

9. Full name FATHER Hugh McDonald 18. Full maiden name MOTHER Bessie Maud Hatfield

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Kansas

11. Color or race white 12. Age at last birthday 33 (years) 20. Color or race white 21. Age at last birthday 18 (years)

13. Birthplace (city or place) (State or Country) Nora Section 22. Birthplace (city or place) (State or Country) Kansas

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. blacksmith OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. none 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work 32 years 1909 17. Total time (years) spent in this work life 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) None (a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Hunter at 4:50 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Bessie Maud McDonald

or _____, Midwife

Give name added from a supplemental report _____

Address _____

(Date of)

Filed MAY 5 1938, 193____

Registrar.

Registrar.

61

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Idaho } ss. (To accompany a certificate of an unreported birth
County of Ada } when such certificate is not attested by signature of
attending physician or midwife.)

Dr. Maud Hatfield being first duly sworn says that
she is the mother of Margaret Jessie McDonald
(Relationship of child)*
born April 28 - 1891 at Atturins Ketchen, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Margaret Jessie McDonald

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Maud Hatfield M.D. was the
midwife medical attendant at the birth of said Margaret Jessie McDonald and that
the said medical attendant is there was no medical attendant
(Now deceased (or) cannot be located)

Name of Affiant Dr. Maud McDonald
P. O. Address 516 S. 15th St

Subscribed and sworn to before me this 5th day of May 1938

J. R. Good Notary Public.
Residing at Boise Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

My Comm. Expires
March 7 21 - 1940

1920
JAN 10 1920
2010
1920

WRITE PLAINLY. one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

715 102-029-314
PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 23 1938

CERTIFICATE OF BIRTH

266567

1. County of Latah
City of _____
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Percy Corrington Pangborn

3. Sex	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Jan. 2</u> , 19 <u>38</u> (Month, Day, Year)
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9. Full name FATHER
Max Judson Pangborn

18. Full maiden name MOTHER
Francis Ola Lamb

10. Residence (usual place of abode)
(If non-resident, give place and State) Latah County Idaho

19. Residence (usual place of abode)
(If non-resident, give place and State) Latah County Idaho

11. Color or race White | 12. Age at last birthday 20 (years)

20. Color or race white | 21. Age at last birthday 19 (years)

13. Birthplace (city or place)
(State or Country) Shellburg, Iowa

22. Birthplace (city or place)
(State or Country) Circleville Kansas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

25. Date (month and year) last engaged in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1. (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 Am. on the date above stated.

(Born Alive or Stillborn)
(Signed) Frances Ola Pangborn, M.D.
or Mother, Midwife

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

Address Wesgate hwy Wash.
Filed MAY 23 1938, 1938 Teard O'Drigham Registrar.

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Washington
County of Chelan

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. F. O. Pangborn being first duly sworn says that
she is the Mother of Percy Corrington Pangborn
(Relationship of child)*
born January 2, 1891 at Latah County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Percy Corrington Pangborn

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Sarah Wolhater M.D. was the
Midwife
medical attendant at the birth of said Percy Corrington Pangborn and that
the said medical attendant is cannot be located

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

day of

1938

Notary Public.

Residing at

Wenatche, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

212-216 001-259

266 615

1. PLACE OF BIRTH
County of Ada
City of Star
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JUN 16 1938

266615

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Leslie Barbara Bass

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? <u>YES</u>	8. Date of birth <u>Oct. 16</u> , 1891 (Month, Day, Year)
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9. Full name <u>Ezekiel Thomas Bass</u>	FATHER	18. Full maiden name <u>Sarah Jane Keith</u>	MOTHER
--	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Star, Ida.</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Star, Ida.</u>
---	---

11. Color or race <u>W</u>	12. Age at last birthday <u>48</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>42</u> (years)
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13. Birthplace (city or place) (State or Country) <u>Tennessee</u>	22. Birthplace (city or place) (State or Country) <u>Missouri</u>
---	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 10
(a) Born alive and now living 8 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of Stillbirth _____ { During labor Before labor
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) Oliver A. [Signature], M. D.

or _____, Midwife

Address Star, Idaho

Filed Feb. 21, 1938

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

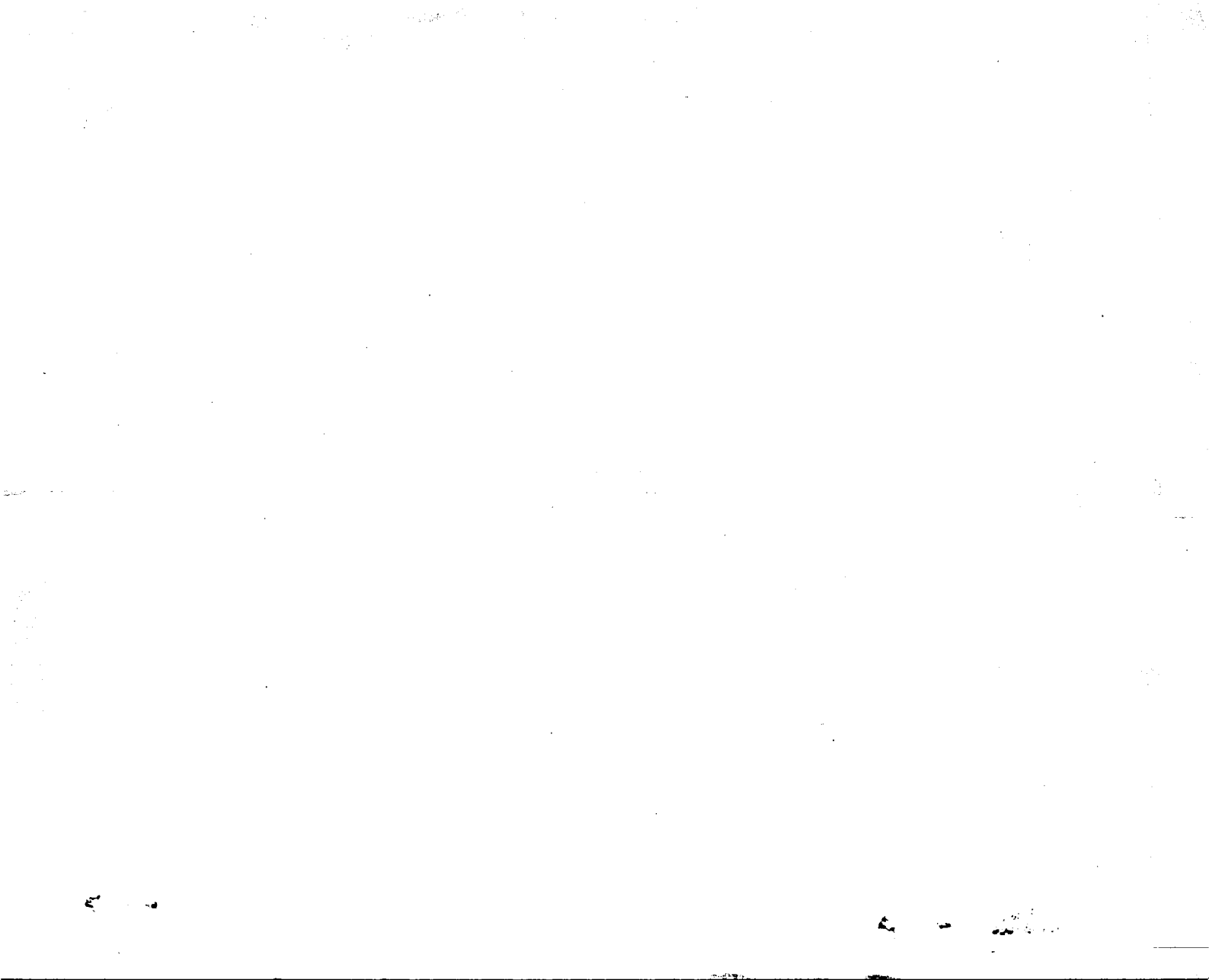
655-118028-254 267755

1. PLACE OF BIRTH
County of Kootenai
City of Hoodoo Valley near Rathdrum
No. _____ St. _____
Registration District No. 30 State File No. 267755

(If born in hospital or institution give name.) Prim. Registration District No. 2051 Local Registrar's No. 171

2. FULL NAME OF CHILD Austin Lyle Feely.

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____	6. Premature. _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Feb. 18, 1891</u> (Month, Day, Year)
9. Full name <u>Thomas Nathaniel Feely.</u>	FATHER		18. Full name <u>Alice Mary Kemp.</u> MOTHER	
10. Residence (usual place of abode) <u>Hoodoo Valley</u> (If non-resident, give place and State) <u>near Rathdrum</u>		19. Residence (usual place of abode) <u>Hoodoo Valley</u> (If non-resident, give place and State) <u>near Rathdrum.</u>		
11. Color or race <u>white</u>	12. Age at last birthday <u>44</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>37</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Illinois.</u>		22. Birthplace (city or place) (State or Country) <u>Illinois</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife.</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____		17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____				
28. Number of children of this mother (At time of this birth and including this child) <u>nine</u> (a) Born alive and now living <u>9</u> (b) Born alive but now dead <u>0</u> (c) Stillborn _____				
29. If stillborn, period of gestation _____ { months or weeks				
30. Cause of Stillbirth _____ { During labor _____ Before labor _____				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>p. m.</u> on the date above stated. (Born Alive or Stillborn)				
(Signed) <u>Mrs Alice Feely Matheson D.</u>				
or _____, Midwife				
Address <u>219 Newland St</u>				
Filed <u>June 25</u> , 193 <u>8</u> <u>Leotiin MD</u>				
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____ Registrar.				
Registrar.				



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California }
County of Los Angeles } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Mrs. Alice Feely ----- being first duly sworn says that
she is the mother of Austin Lyle Feely.
(Relationship of child)* Hoodoo Valley, near
born February 18, 1891 at Bathdrum, Kootenai Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Austin Lyle Feely.

----- hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Stanton Ross ----- ~~M.D.~~ was the
Midwife
medical attendant at the birth of said child. ----- and that
the said medical attendant is not located -----

(Now deceased (or) cannot be located)

Name of Affiant Mrs Alice Feely
P. O. Address 219 Newland St

Subscribed and sworn to before me this 18 day of June, 1938

George Chamberlain
Notary Public.
Residing at 649 N Figueroa, Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

Los Angeles

FEB 13 1957

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

79-2061003-845
#✓ 267763

1. PLACE OF BIRTH
County of Bannock
City of Oxford
No. _____
Registration District No. _____ State File No. 267763

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Triphosa Eaton Pratt

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>✓</u>	7. Legiti- mate? <u>✓</u>	8. Date of birth <u>5-6</u> , 19 <u>31</u> (Month, Day, Year)
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9. Full name <u>George Chadwick Pratt</u>	FATHER	18. Full maiden name <u>Olive Isabelle Hunt</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Oxford Ida</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Oxford Ida</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>52</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>37</u> (years)
13. Birthplace (city or place) (State or Country) <u>Roundout New York</u>		22. Birthplace (city or place) (State or Country) <u>San Bernardino California</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Cattleman</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>	
16. Date (month and year) last engaged in this work <u>5-6</u> , 19 <u>31</u>	17. Total time (years) spent in this work <u>17</u>	25. Date (month and year) last engaged in this work <u>5-6</u> , 19 <u>31</u>	26. Total time (years) spent in this work <u>27</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 10 (At time of this birth and including this child)
(a) Born alive and now living 9 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

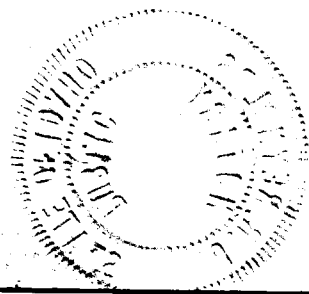
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. Signature and subscribed
Give name added from before me this or 5th day of July, 1931
a supplemental report _____

Address Downey, Idaho
Filed 7-6-38, 1938

Registrar. my commission expires Oct. 8, 1941

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. A384-212028-553
PLACE OF BIRTH
County of KOOTENAI
City of POST FALLS
No. _____ St. _____

RECEIVED
AUG 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

268861

Registration District No. 30 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2051 Local Registrar's No. 220

2. FULL NAME OF CHILD Lena Scharlotte Thunborg

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. <input checked="" type="checkbox"/> _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>April 12</u> , <u>1891</u> (Month, Day, Year)
		5. Number, in order of birth. _____	Full term. _____		

9. Full name FATHER
JACOB THUNBORG

18. Full maiden name MOTHER
CHRISTINE NELSON

10. Residence (usual place of abode)
(If non-resident, give place and State) Post Falls

19. Residence (usual place of abode)
(If non-resident, give place and State) Post Falls

11. Color or race White | 12. Age at last birthday 36 (years)

20. Color or race White | 21. Age at last birthday 34 (years)

13. Birthplace (city or place) Ljustorps
(State or Country) Sweden

22. Birthplace (city or place) Warmland
(State or Country) Sweden

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work 5

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living One (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed July 29, 1938 L. C. Krotchen M.D.

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO }
County of KOOTENAI } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Christine Thunborg being first duly sworn says that
she is the Mother of Lena Scharlotte Thunborg
(Relationship of child)*
born April 12, 1891 at Post Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Lena Scharlotte Thunborg

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Wierd M. D. was the
medical attendant at the birth of said Lena Scharlotte Thunborg Midwife
the said medical attendant is Now Deceased and that

(Now deceased (or) cannot be located)
Name of Affiant Christine Thunborg

P. O. Address Hayden Lake, Idaho

Subscribed and sworn to before me this 29th day of July, 1938

[Signature]

Notary Public.

Residing at Coeur d'Alene, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. 1. one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 10 1938

CERTIFICATE OF BIRTH 270059

1. PLACE OF BIRTH
County of Latah
City of Hendrick, Idaho
No. _____ St. _____

Registration District No. 63 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2143 Local Registrar's No. _____

2. FULL NAME OF CHILD Alora Grace May

3. Sex _____ If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 6. Premature _____ Full term ☒ 7. Legitimate? ☒ 8. Date of birth June 20 - 1891 193 (Month, Day, Year)

9. Full name FATHER Frank May 18. Full maiden name MOTHER Alvira Hobart

10. Residence (usual place of abode) (If non-resident, give place and State) Hendrick 19. Residence (usual place of abode) (If non-resident, give place and State) Hendrick

11. Color or race White 12. Age at last birthday 41 (years) 20. Color or race White 21. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Bahachurch, Wisc. 22. Birthplace (city or place) (State or Country) Illinois

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 21 yrs. 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 18

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth ☒ During labor ☒ Before labor ☒

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:20 p.m. on the date above stated.

(Born Alive or Stillborn) (Signed) James P. Hobart _____

or James Hobart _____

Address _____

Filed July 15, 1938 B. F. Hobart Registrar.

DELAYED

Subscribed and sworn to by Samuel Hobart and
Fannie Roberts before me, a Notary Public, this
13th day of June, 1938.

NOTARY PUBLIC

Residing at New York City

dup of 1891-DS2-2847

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

485-222-040-194

272306

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 14 1938

CERTIFICATE OF BIRTH 272306

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. _____ St. _____

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Minnie Mona Myers

3. Sex Female If plural births { 4. Twin, triplet, or other. X 5. Number, in order of birth X 6. Premature _____ Full term Yes 7. Legitimate? Yes 8. Date of birth Feb 22, 1891 (Month, Day, Year)

9. Full name FATHER John Downs Myers
10. Residence (usual place of abode) (If non-resident, give place and State) Wallace Idaho
11. Color or race White 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Indiana

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Butchershop

16. Date (month and year) last engaged in this work 1891
17. Total time (years) spent in this work Six

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn ✓

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) _____ M. D.

or Nellie May Camp Mother
Address 3273 Fay Ave. Culver City Calif.

Filed NOV 14 1938 193 _____

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Idaho
County of Los Angeles

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nellie May Camp being first duly sworn says that
she is the mother of Minnie Mona Myers
(Relationship of child)*
born February 22, 1891 at Wallace, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Minnie Mona Myers hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that M. D. was the
Midwife
medical attendant at the birth of said and that
the said medical attendant is the said medical attendant is

(Now deceased (or) cannot be located)

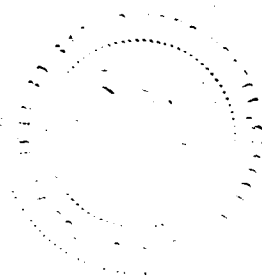
Name of Affiant Nellie May Camp
P. O. Address 3373 Fay Ave, Culver City, Calif.

Subscribed and sworn to before me this 4th day of November, 1936

Charles F. Hoopes

Residing at Culver City, Calif. Notary Public.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of child stated.

1. PLACE OF BIRTH
County of Latah
City of Potlatch
No. 295707029 666 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

273264

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Jerome Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD George J. Kingsley

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
6. Premature _____ Full term _____ 7. Legitimate? Yes 8. Date of birth June 7, 1891 (Month, Day, Year)

9. Full name Charles J. Kingsley FATHER
10. Residence (usual place of abode) Potlatch, Ida.
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday _____ (years)
13. Birthplace (city or place) England
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. agriculture
16. Date (month and year) last engaged in this work April 15th, 1916 17. Total time (years) spent in this work 65 yrs.

18. Full maiden name Mary J. Woods MOTHER
19. Residence (usual place of abode) Potlatch, Ida.
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 46 (years)
22. Birthplace (city or place) Wisconsin
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, teacher, nurse, clerk, etc. cook
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. farming
25. Date (month and year) last engaged in this work August 1st, 1885 26. Total time (years) spent in this work 24 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother _____ (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead NONE (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of Stillbirth _____ { During labor or Before labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at POTLATCH on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of)

(Signed) Charles J. Kingsley FATHER, M. D.

or _____ Midwife

Address Rock Creek, British Columbia

Filed NOV 22 1933 Registrar.

Registrar.

NOV 1 1946

NOV 10 1993

273264

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Pottlatch Idaho } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Ernest Kingsley being first duly sworn says that
is the brother of George Jerome Kingsley
(Relationship of child)*
born Pottlatch Idaho at Pottlatch Idaho, Idaho,
(Date of birth) June 7, 1891
whose certificate of birth is hereto attached, and that George Jerome Kingsley desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said George Jerome Kingsley
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that _____ M. D. was the
Midwife
medical attendant at the birth of said _____ and that
the said medical attendant is _____

(Now deceased (or) cannot be located)

Name of Affiant Ernest W. Kingsley

P. O. Address Bozeman BC

Subscribed and sworn to before me this 18th day of April, 1938

Omey Beach

Notary Public.

Residing at Blackfoot BC, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>2</u> City of <u>Boise</u> No. <u>2</u> St. <u>2</u> <u>A212-203 001-235</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 276504	
(If born in hospital or institution give name.)		Registration District No. _____ State File No. _____	
2. FULL NAME OF CHILD <u>NORA Ethel Baker</u>		Prim. Registration District No. _____ Local Registrar's No. _____	
3. Sex <u>F</u>	If plural births { 4. Twin, triplet, or other <u>X</u> 5. Number, in order of birth <u>X</u>	6. Premature _____ Full term <u>X</u>	7. Legitimate? <u>X</u>
8. Date of birth <u>8-3</u> , 189 <u>1</u> (Month, Day, Year)			
9. Full name <u>FATHER William Joseph Baker</u>		18. Full maiden name <u>MOTHER Nelly Stella Stephenson</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Boise</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Boise</u>	
11. Color or race <u>W.</u>		12. Age at last birthday <u>40</u> (years)	
13. Birthplace (city or place) (State or Country) <u>England</u>		20. Color or race <u>W.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Section Bass R.R.</u>		21. Age at last birthday <u>19</u> (years)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Rail Road.</u>		22. Birthplace (city or place) (State or Country) <u>Jackson County Illinois</u>	
16. Date (month and year) last engaged in this work <u>1892</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper.</u>	
17. Total time (years) spent in this work <u>1 yr.</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
25. Date (month and year) last engaged in this work <u>until death —, 1908</u>		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>2</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>0</u>			
29. If stillborn, period of gestation <u>0</u> months or weeks		30. Cause of Stillbirth _____ During labor _____ Before labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. _____
(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed MAR 16 1939 193 _____
Registrar. _____

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of California }
County of San Francisco } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
(Mrs) Olive Stephensen Larkin being first duly sworn says that
she is the Aunt of Nora Ethel Baker
(Relationship of child)*
born August 3 - 1891 at Boise, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that Nora Ethel Baker desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Nora Ethel Baker - - -
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that none - M. D. was the
Midwife
medical attendant at the birth of said _____ and that
the said medical attendant is _____

(Now deceased (or) cannot be located)

Name of Affiant Mrs Olive Stephensen Larkin

P. O. Address 526 - 11th Street - Sacramento - Calif.

Subscribed and sworn to before me this 24th day of January, 1939

NOTARY PUBLIC

~~In and for the City and County of San Francisco~~

State of California

Residing at San Francisco, Calif., 1939

Notary Public.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

to 9

11

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 533-12-16-16-533 PLACE OF BIRTH

County of Washington
City of Bear, Idaho
No. _____ St. _____

RECEIVED
APR 4 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

277450

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Howard Everett Elliott

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>July 21, 1891</u> (Month, Day, Year)
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9. Full name <u>FATHER</u> <u>Madison Elliott</u>		18. Full maiden name <u>MOTHER</u> <u>Nellie Grace Elliott</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Bear, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Bear, Idaho</u>	
11. Color or race <u>White</u>		12. Age at last birthday <u>37</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Boone Iowa</u>		22. Birthplace (city or place) (State or Country) <u>Cherryvale Kansas</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year) last engaged in this work <u>July 21, 1891, 19</u>		25. Date (month and year) last engaged in this work <u>July 21, 1891, 19</u>
17. Total time (years) spent in this work <u>two</u>		26. Total time (years) spent in this work <u>two</u>	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of Stillbirth _____	{ Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.

or Byron Camps, Uncle 26644

Address Cambridge, Idaho

Filed APR 4 1939, 1939

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Washington } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Byron Camp being first duly sworn says that
he is the uncle of Howard E. Elliott
(Relationship of child)*
born July 21, 1891 at Bear, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that _____ desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Howard E. Elliott
_____ hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that _____ M. D. was the
Midwife
medical attendant at the birth of said Howard Everett Elliott and that
the said medical attendant is Cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Byron Camp
P. O. Address Cambodge, Idaho
Subscribed and sworn to before me this 24th day of March, 1939
[Signature]
Notary Public.
Residing at Cambodge, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1. PLACE OF BIRTH
County of Idaho
City of Kendrick
No. A315201029-319 St.

MAY 8 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

278564
278564

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Hazel Carlton Jannatt

3. Sex F. If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legiti- mate? X 8. Date of birth Feb. 1, 1891 (Month, Day, Year)

9. Full name FATHER Eben Jannatt Jannatt

18. Full maiden name MOTHER Bearl Carlton Jannatt

10. Residence (usual place of abode) (If non-resident, give place and State) Kendrick

19. Residence (usual place of abode) (If non-resident, give place and State) Kendrick

11. Color or race White 12. Age at last birthday 27 (years)

20. Color or race White 21. Age at last birthday 19 (years)

13. Birthplace (city or place) Manchester, Mass. (State or Country)

22. Birthplace (city or place) Stellina, Missouri (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Idaho Co. Surveyor

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work 1891 17. Total time (years) spent last engaged in this work 5 yr.

25. Date (month and year) last engaged in this work 1891 26. Total time (years) spent last engaged in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) First (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

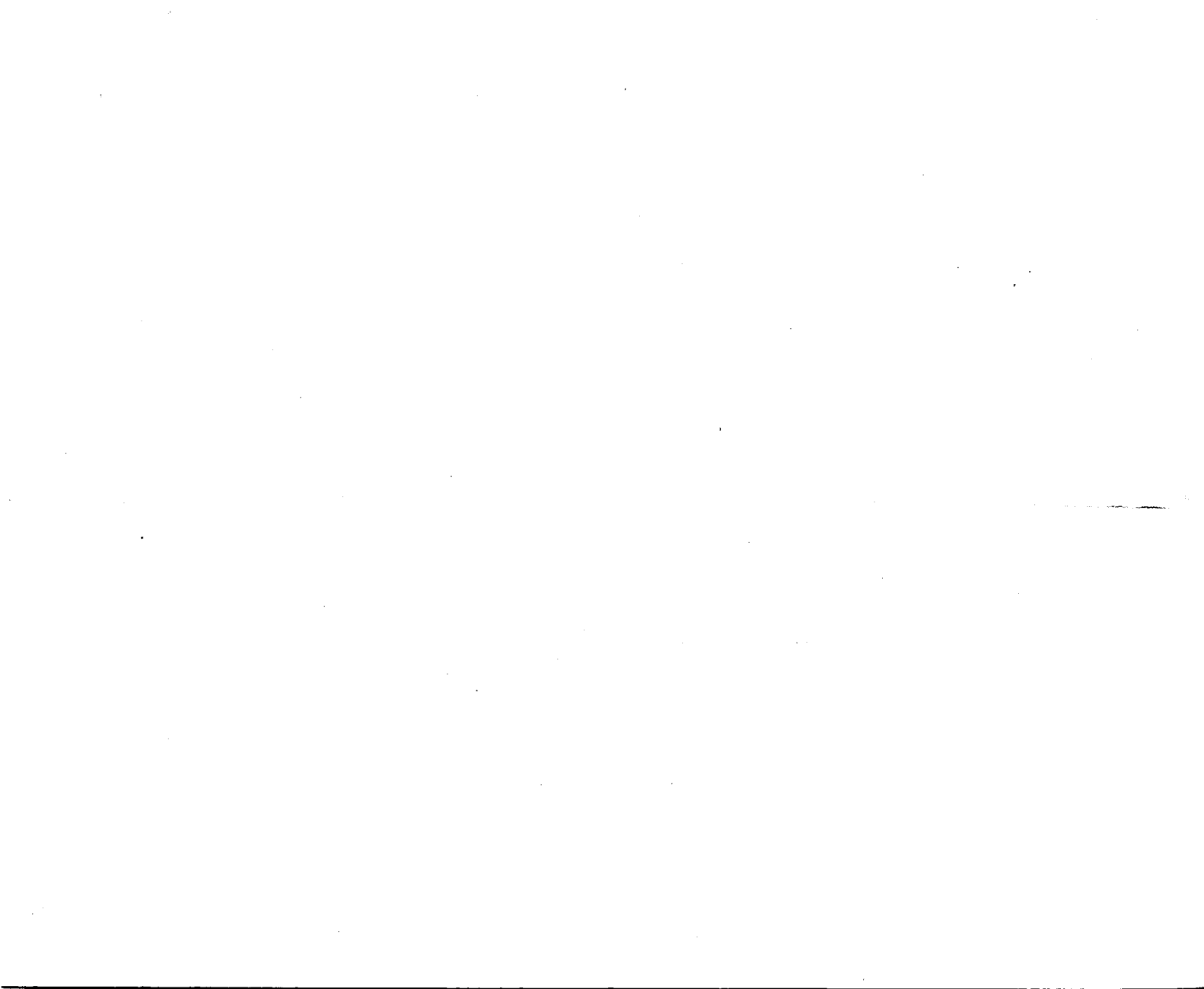
Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed MAY 8 1939 193 _____ Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH 278564
BUREAU OF VITAL STATISTICS

State of Washington }
County of Pierce } ss. **AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Pearl Carlton Tannantt being first duly sworn says that
is the Mother of Hazel Carlton Tannantt
(Relationship of child)*
born Feb 1st 1891 at Kendrick, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Hazel Carlton Tannantt

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

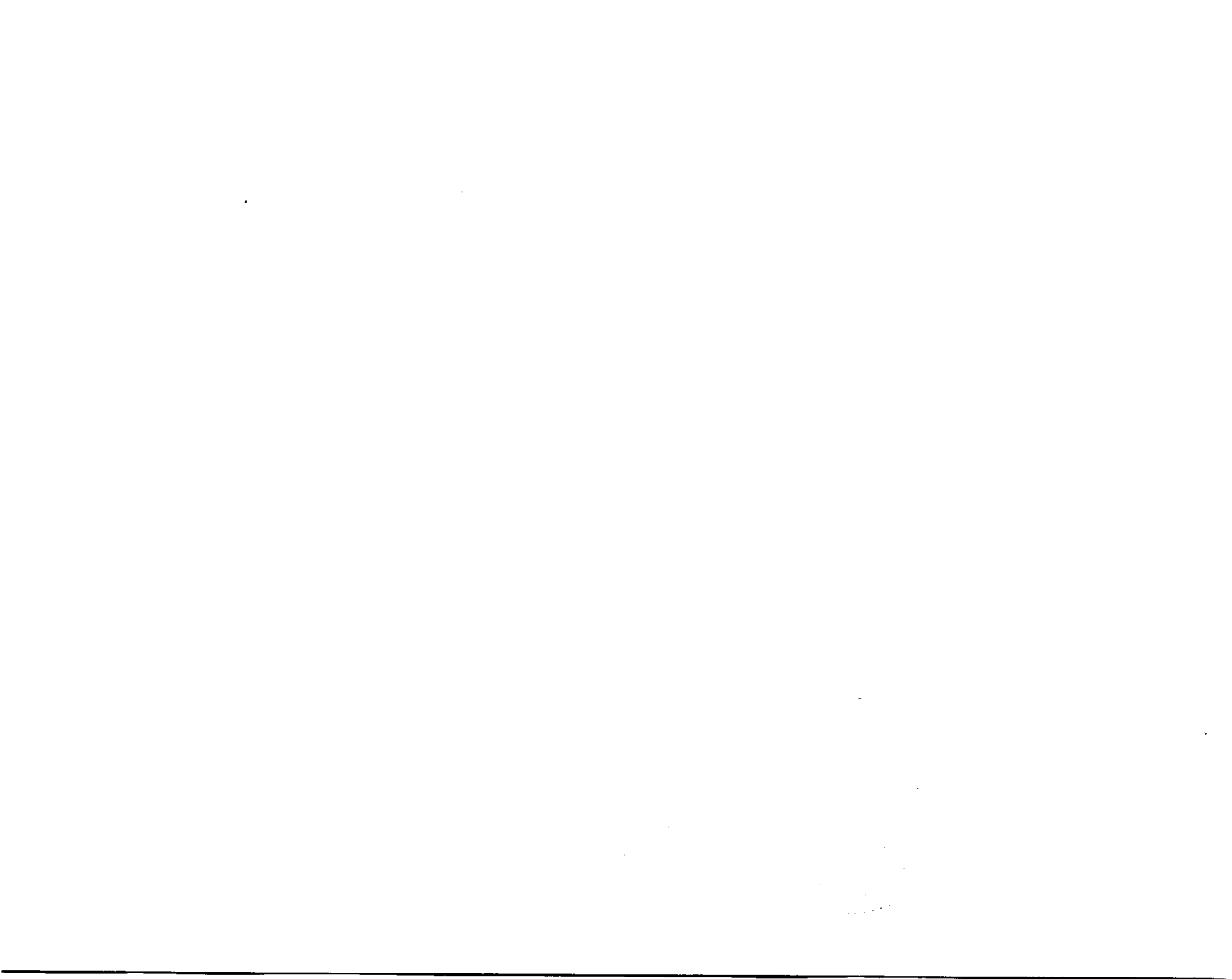
Affiant further states that William Rothwell M. D. was the
medical attendant at the birth of said Hazel Carlton Tannantt Midwife
the said medical attendant is now Deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Pearl Carlton Tannantt
P. O. Address Tacoma Wash

Subscribed and sworn to before me this 5th day of May, 1939

[Signature]
Notary Public.
Residing at Tacoma Washington, Idaho. XXXX

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



493209 019967

278609

1. PLACE OF BIRTH
County of Custer
City of Houston
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

278609

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Juanita Augusta Miller

3. Sex	If plural births {	4. Twin, triplet, or other	6. Premature	7. Legiti-	8. Date of birth
	5. Number, in order of birth		Full term <u>yes</u>	mate? <u>yes</u>	<u>Oct 9</u> 189 <u>1</u> (Month, Day, Year)

9. Full name FATHER <u>George Robert Miller</u>	18. Full maiden name MOTHER <u>Lena Annie Rogers</u>
--	---

10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
---	---

11. Color or race <u>white</u>	12. Age at last birthday <u>27</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>17</u> (years)
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13. Birthplace (city or place) (State or Country) <u>Gilroy California</u>	22. Birthplace (city or place) (State or Country) <u>Koenigsburg Germany</u>
---	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>miner</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
---	--

16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work <u>ten</u>	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work <u>always</u>
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother / (At time of this birth and including this child) /
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of Stillbirth _____ { During labor _____ Before labor _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) Lena A. Morrison mother, M. D.
Formerly Lena A. Miller mother, Midwife

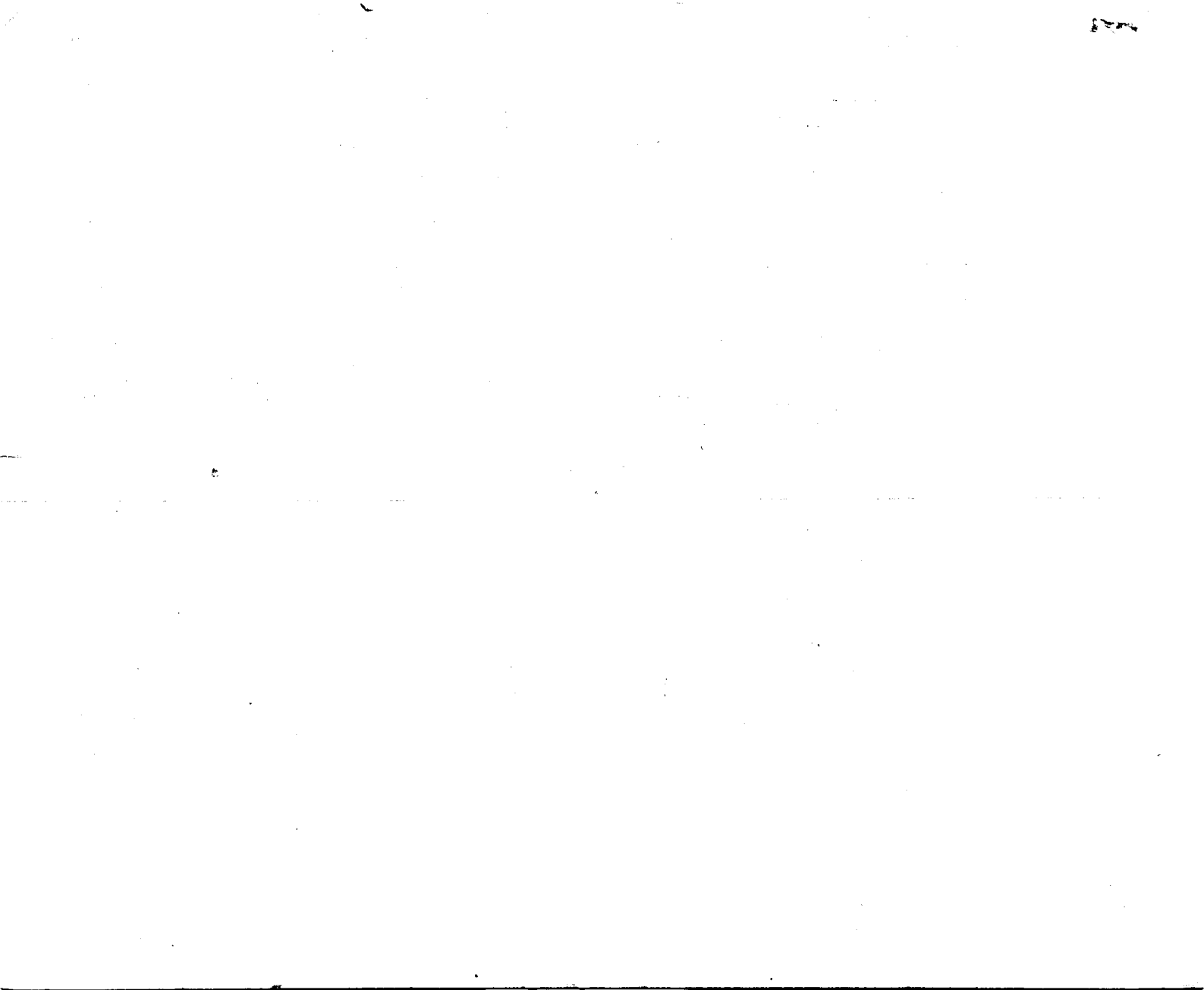
Address Markay Idaho

(Date of)

Filed May 1939

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

278609

State of Idaho }
County of Custer } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Lena A. Morrison, formerly Lena A. Miller, being first duly sworn says that
she is the mother of Juanita Augusta Miller
(Relationship of child)*
born October 9, 1891 at Houston, Lost River, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Juanita Augusta Miller
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Thompson ~~was~~ was the
medical attendant at the birth of said Juanita Augusta Miller and that
the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

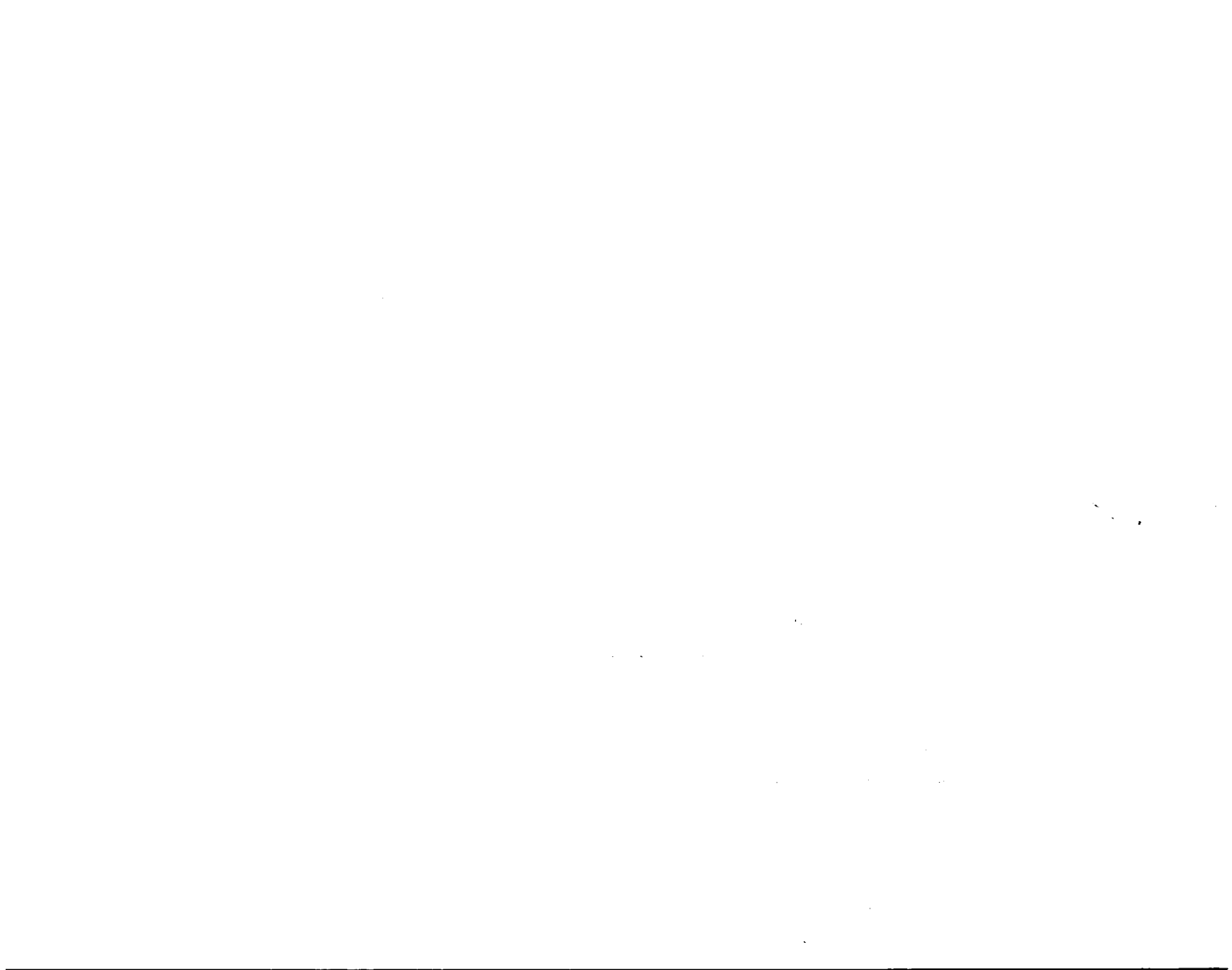
Name of Affiant Lena A. Morrison
P. O. Address Mackay, Idaho.

Subscribed and sworn to before me this 18th day of May, 1939.

My Com. Expires Oct. 16, 1940.
Residing at Mackay, Idaho.

Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Boise
City of Sweet
No. A313-217 008 525 St.
(If born in hospital or institution give name.)

RECEIVED
JUN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

279648
279648

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Gladys Talley

3. Sex **F.** If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
6. Premature _____ Full term **X**
7. Legiti- mate? _____
8. Date of birth 12-17-1891 193____
(Month, Day, Year)

9. Full name **FATHER**
John Harmon Talley
10. Residence (usual place of abode)
(If non-resident, give place and State) yes
11. Color or race white | 12. Age at last birthday 46 (years)
13. Birthplace (city or place) Zanesville
(State or Country) Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

18. Full maiden name **MOTHER**
Dena Ebelmesser
19. Residence (usual place of abode)
(If non-resident, give place and State) yes
20. Color or race white | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) Bushnell
(State or Country) Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
1 (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks }
30. Cause of Stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

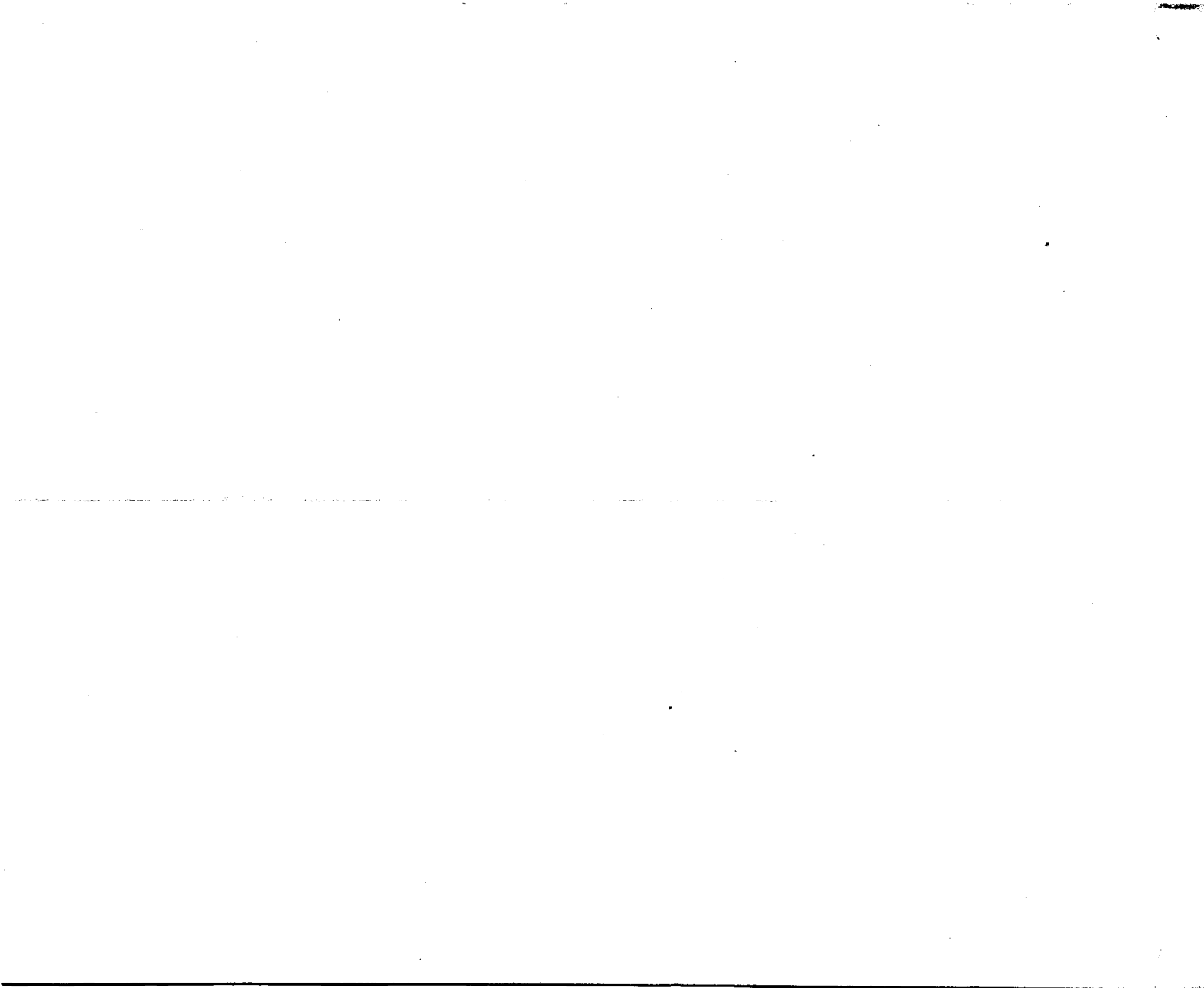
(Signed) _____, M. D.
or _____, Midwife
Address _____

(Date of)

Filed JUN 10 1939 193____

Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Dena Talley being first duly sworn says that
is the mother of Gladys Talley
(Relationship of child)*
born December 17, 1991 at Sweet, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said Galdys Talley
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Samuel Ireton ~~was~~ was the
Midwife
medical attendant at the birth of said Galdys Talley and that
the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Dena Talley
P. O. Address 1914 N 11th, Boise, Idaho

Subscribed and sworn to before me this 9th day of June, 19 39
R. W. Barber
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

613 220044 363
1. PLACE OF BIRTH
County of Washington
City of Weaver
No. — Rural St. —

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

279706

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 1-100

2. FULL NAME OF CHILD Eleanor Edith Watson

3. Sex 7 If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth July 20, 1931 (Month, Day, Year)

9. Full name FATHER Alexander Watson 18. Full maiden name MOTHER Antionette Locke

10. Residence (usual place of abode) Weaver, Ida. 19. Residence (usual place of abode) Weaver, Ida.
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 42 (years) 20. Color or race white 21. Age at last birthday 32 (years)

13. Birthplace (city or place) Hamilton Ontario 22. Birthplace (city or place) Palo Pinto Texas
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work July, 1930 17. Total time (years) spent in this work life 25. Date (month and year) last engaged in this work Aug., 1917 26. Total time (years) spent in this work life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Joseph R. Neumachers, M. D.

or _____, Midwife

Address (now) Boise, Idaho.

Filed June 15, 1931

Registrar.

OCT 5 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. A219-223-106-819
PLACE OF BIRTH
County of Bingham
City of Eagle Rock, Idaho
No. _____ St. _____

6361 72 904
AUG 24 1939
RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

282961
282961

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Minnie Delia Bain

3. Sex Female If plural births { 4. Twin, triplet, or other. XXXX 6. Premature XXX 7. Legiti-
mate? Yes 8. Date of birth Mar. 23, 1891
5. Number, in order of birth XX Full term Yes (Month, Day, Year)

FATHER		MOTHER	
9. Full name	<u>Peter William Bain</u>	18. Full maiden name	<u>Delia Adeline Hardy</u>
10. Residence (usual place of abode) (If non-resident, give place and State)	<u>Eagle Rock</u>	19. Residence (usual place of abode) (If non-resident, give place and State)	<u>Eagle Rock</u>
11. Color or race <u>White</u>	12. Age at last birthday <u>29</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>20</u> (years)
13. Birthplace (city or place) (State or Country)	<u>Kenosha, Wisconsin</u>	22. Birthplace (city or place) (State or Country)	<u>St. Charles, Utah</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>Housekeeper</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	<u>Ranch</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	<u>Own Home</u>
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
<u>March, 1921</u>	<u>7</u>	<u>March, 1921</u>	<u>3</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol
28. Number of children of this mother (At time of this birth and including this child)
One (a) Born alive and now living: 1 (b) Born alive but now dead None (c) Stillborn None
29. If stillborn, period of gestation XXXXXX { months or weeks XX 30. Cause of Stillbirth XXXX { Before labor XXXX
During labor XXXX

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

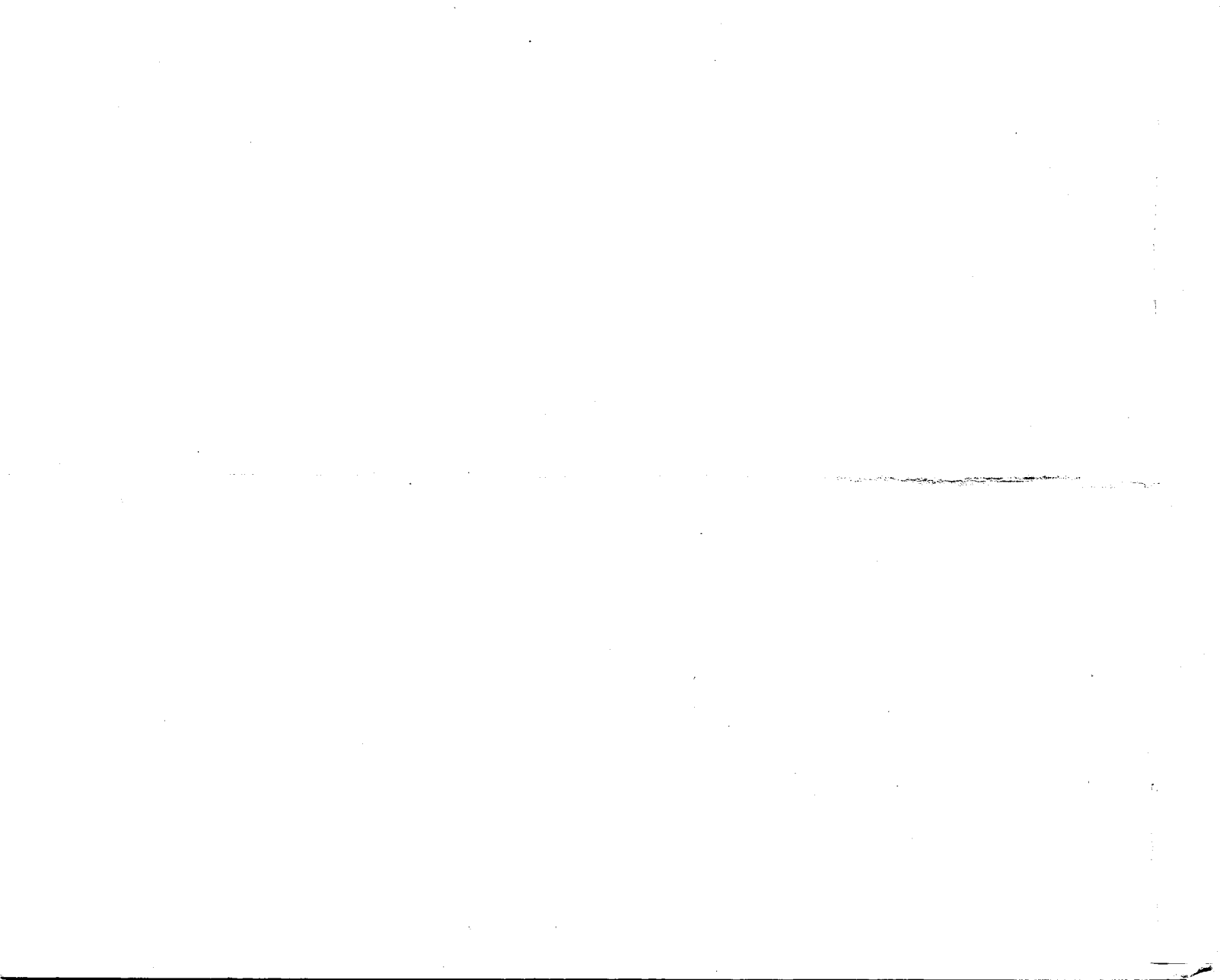
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed AUG 24 1939, 193 _____

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California }
County of Santa Clara } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Addie Bain being first duly sworn says that
she is the mother of Minnie Delia Bain
(Relationship of child)*
born Mar. 23, 1891 at Eagle Rock, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Minnie Delia Bain

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Margaret Stevens - Midwife M. D. was the
Midwife
medical attendant at the birth of said Minnie Delia Bain and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Addie Bain
P. O. Address 217 N. 3rd St., Klamath Falls, Oregon
Subscribed and sworn to before me this 21st day of August, 1930

James, Fred
Notary Public.
Residing at Morgan Hill, California, XXXX
(Santa Clara County)

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 763-17040-22
PLACE OF BIRTH Shoshone
County of _____
City of Wardner
No. _____ St. _____

RECEIVED
SEP 12 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

284588
763058

Registration District No. 123 State File No. 283088

(If born in hospital or institution give name.) Prim. Registration District No. 2201 Local Registrar's No. 125

2. FULL NAME OF CHILD WILLIAM ADAM GOLSONG

3. Sex <u>M.</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>✓</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Oct. 27</u> , <u>1891</u> (Month, Day, Year)
------------------	---	---------------------------------------	---------------------------	---

9. Full name FATHER
ADAM GOLSONG

18. Full maiden name MOTHER
SABINA GOLSONG

10. Residence (usual place of abode)
(If non-resident, give place and State) Wardner, Idaho

19. Residence (usual place of abode)
(If non-resident, give place and State) Wardner, Idaho

11. Color or race W. 12. Age at last birthday 27 (years)

20. Color or race W. 21. Age at last birthday 22 (years)

13. Birthplace (city or place)
(State or Country) Bavaria

22. Birthplace (city or place)
(State or Country) St. Helena, Nebraska

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner at date

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

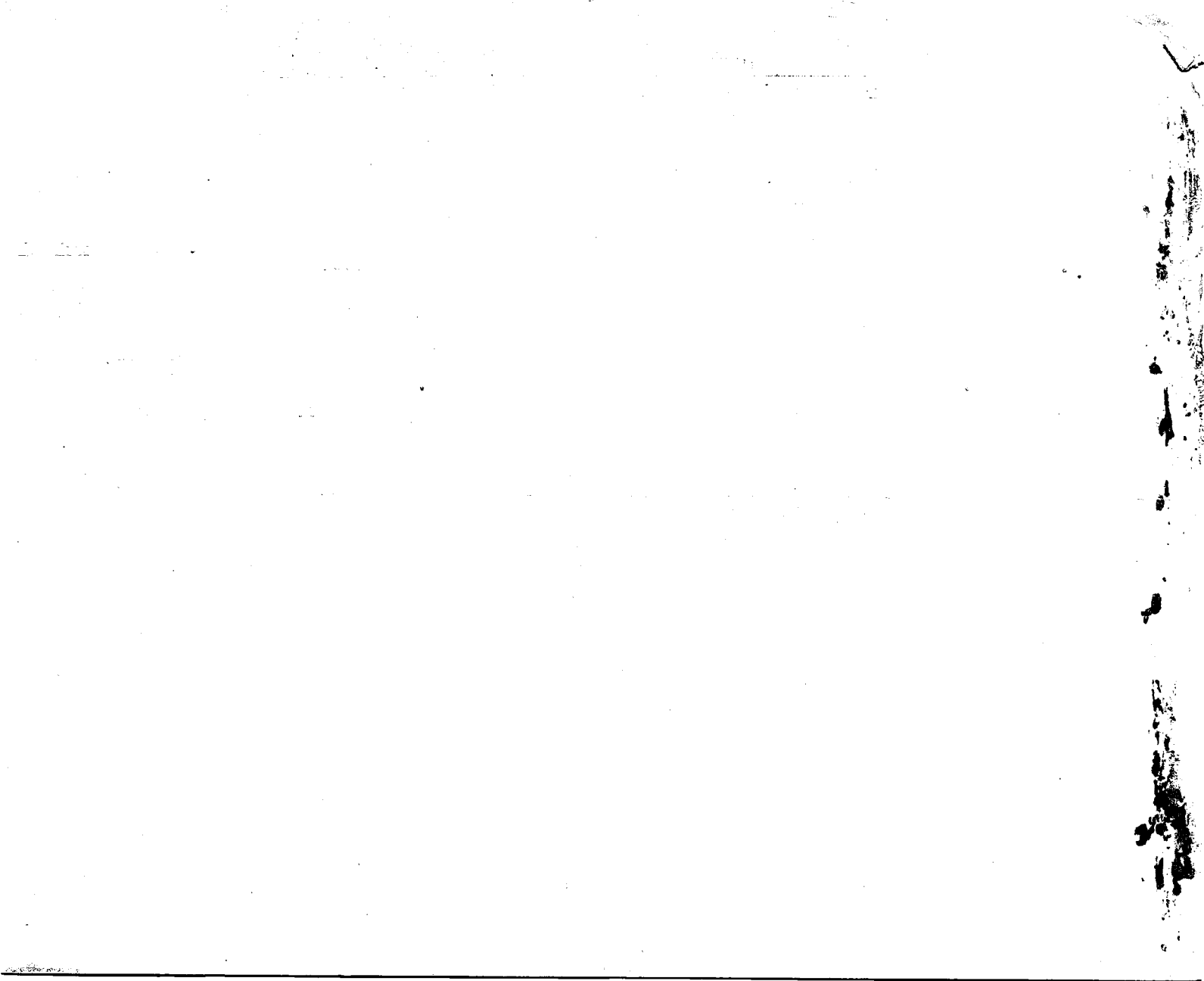
(Date of) _____

(Signed) Sabina Golson, M. D.
or _____, Midwife

Address _____

Filed Sept. 11, 1939 Mrs. Helen M. Bride
Registrar.

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of..... IDAHO }
County of..... SHOSHONE } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

..... SABINA GOLSONG being first duly sworn says that
she is the mother of WILLIAM ADAM GOLSONG
(Relationship of child)*
born October 27, 1891 at Wardner, Shoshone County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said WILLIAM ADAM GOLSONG

..... hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that a midwife ~~M. D. was the~~
medical attendant at the birth of said WILLIAM ADAM GOLSONG and that
name of said midwife is not now known and it is believed that she is now deceased.
the ~~next medical attendant is~~

(Now deceased (or) cannot be located)

Name of Affiant *Sabina Golson*

P. O. Address Kingston, Idaho

Subscribed and sworn to before me this 8th day of September, 1939

James E. Hyde
Notary Public.
Residing at Wallace, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 7 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

437-2 28-033-X3K
1. PLACE OF BIRTH
County of Madison
City of Rexburg Ida
No. _____ St. _____

SEP 12 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 630 State File No. 283163
Prim. Registration District No. 2178 Local Registrar's No. 169

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Margaret M. Barry

3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>✓</u>	7. Legitimate? <u>✓</u>	8. Date of birth <u>May 28, 1939</u> (Month, Day, Year)
-------------------------	--	--	-------------------------	--

9. Full name FATHER
Henry M. Barry
10. Residence (usual place of abode)
(If non-resident, give place and State) Rexburg, Ida
11. Color or race white | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) Brockville, Ontario
(State or Country) Canada

18. Full maiden name MOTHER
Isabella Greene M. Millan
19. Residence (usual place of abode)
(If non-resident, give place and State) Rexburg, Ida
20. Color or race white | 21. Age at last birthday 39 (years)
22. Birthplace (city or place) Murray, Utah
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farming
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work life

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, { months or weeks }
period of gestation _____
30. Cause of Stillbirth { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR, MIDWIFE

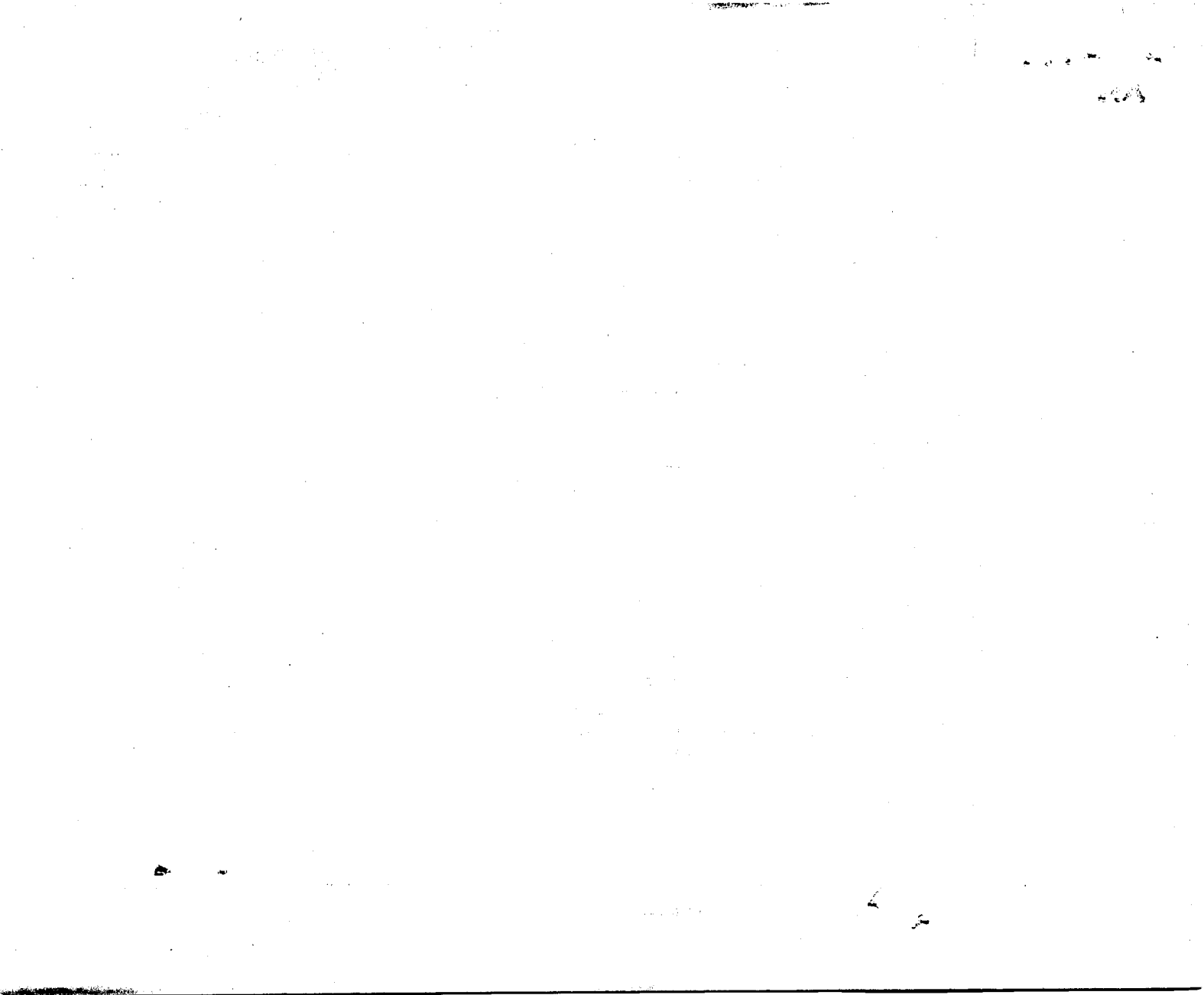
I hereby certify that I attended the birth of this child, who was born alive at 8 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) _____, M. D.
or Mrs. Jones, Midwife
Address _____
Filed 9-2-, 1939 Mrs. H. Young
Registrar.

(Date of)

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Madison } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Isabella M^cHarry. being first duly sworn says that
she is the mother of Margaret M^cHarry Priest
(Relationship of child)*
born May 28, 1891 at Rehburg, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Margaret M^cHarry Priest
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

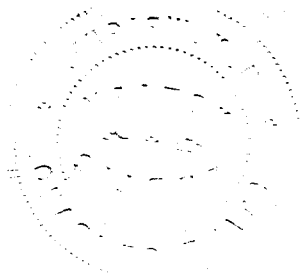
Affiant further states that Mrs. Jones M. D. was the
medical attendant at the birth of said Margaret M^cHarry Priest Midwife
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Isabella M^cHarry
P. O. Address Rehburg, Ida
Subscribed and sworn to before me this 25 day of August, 1939
[Signature]
Notary Public.
Residing at Rehburg, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 3 1956

SEP. 26 1956



N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

1. PLACE OF BIRTH 795 727 035-381
 County of Van Buren
 City of Southwich
 No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

SEP 21 1939

Registration District No. _____ State File No. 284159

Prim. Registration District No. _____ Local Registrar's No. _____

3. Sex	{ If plural births } 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____	7. Legitimate? _____	8. Date of birth <u>April 22, 1891</u> (Month, Day, Year)
		Full term _____	mate? _____	
9. Full name	FATHER <u>Joseph L. Greenwood</u>		MOTHER <u>Martha Chandler</u>	
10. Residence (usual place of abode) (If non-resident, give place and State)	<u>Southwich, Ill.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Southwich, Ill.</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>41</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>36</u> (years)	
13. Birthplace (city or place) (State or country) <u>Illinois</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		22. Birthplace (city or place) (State or country) <u>Illinois</u>	
OCCUPATION	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	16. Date (month and year) last engaged in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____	
	19 _____		26. Total time (years) spent in this work _____	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
 28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____
 29. If stillborn, { months } 30. Cause of stillbirth _____ { Before labor _____
 period of gestation _____ { or weeks } { During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born Alive or Stillborn)

{ When there was no attending physician
 or midwife, then the father, householder,
 etc., should make this return. }

(Signed) May King, M. D.

or _____ (sister), Midwife

Give name added from

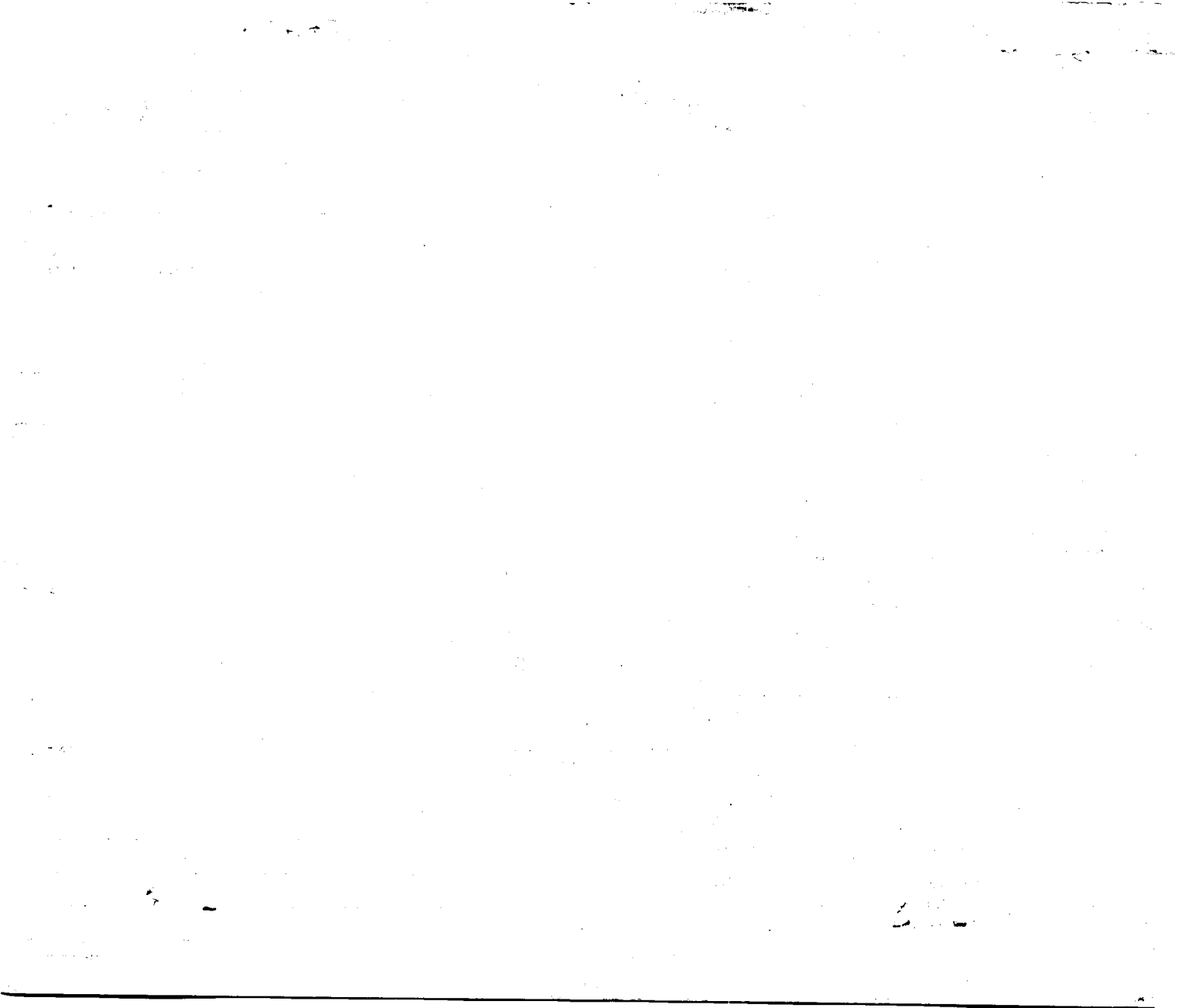
a supplemental report _____
 (Date of) _____

Address _____

Filed _____, 193 _____

Registrar.

Registrar.



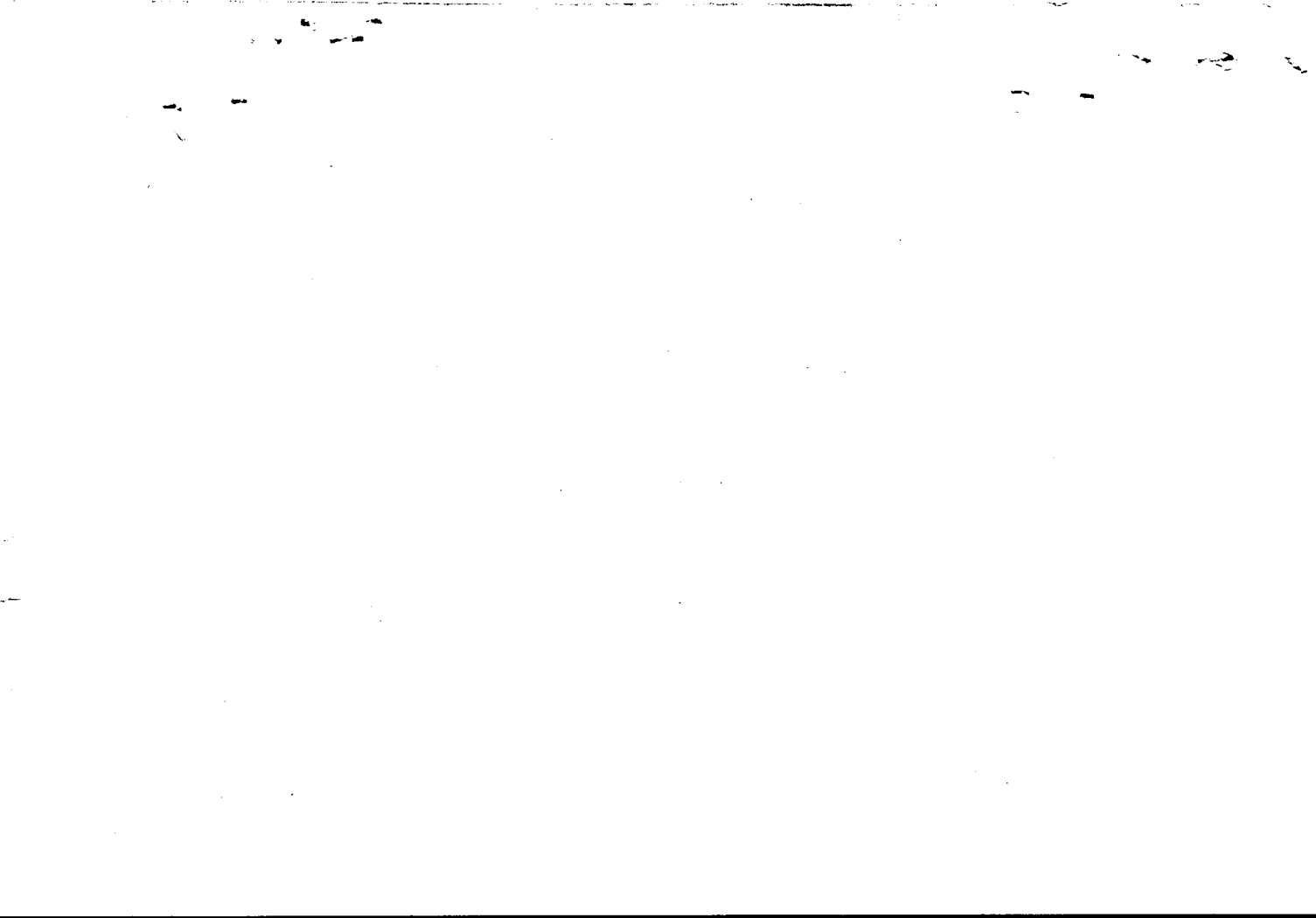
A F F I D A V I T T

May King, being duly sworn upon oath,
deposes and says, that she is the sister of
James Walter Chunwood; that he was born at
Southwick in My Base County, Idaho,
April 27, 1891.

May King

Subscribed and sworn to before me this 20. day of September, 1939.

Philip Meigs
CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada 144-130 001-
City of Boise 212
No. 84 + Washington St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284211

OCT 4 1939

Registration District No. _____ State File No. 284211

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Basil James

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Sept. 30, 1939
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name FATHER Fred David James
10. Residence (usual place of abode) Boise
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 34 (years)
13. Birthplace (city or place) Fair Haven
(State or Country) Vermont

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Butcher Shop
16. Date (month and year) last engaged in this work Sept. 30, 1939
17. Total time (years) spent in this work 13

18. Full maiden name MOTHER Rose Eleanor Basil James
19. Residence (usual place of abode) Boise
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 28 (years)
22. Birthplace (city or place) Des Moines
(State or Country) Iowa

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Sept. 30, 1939
26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
6 (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

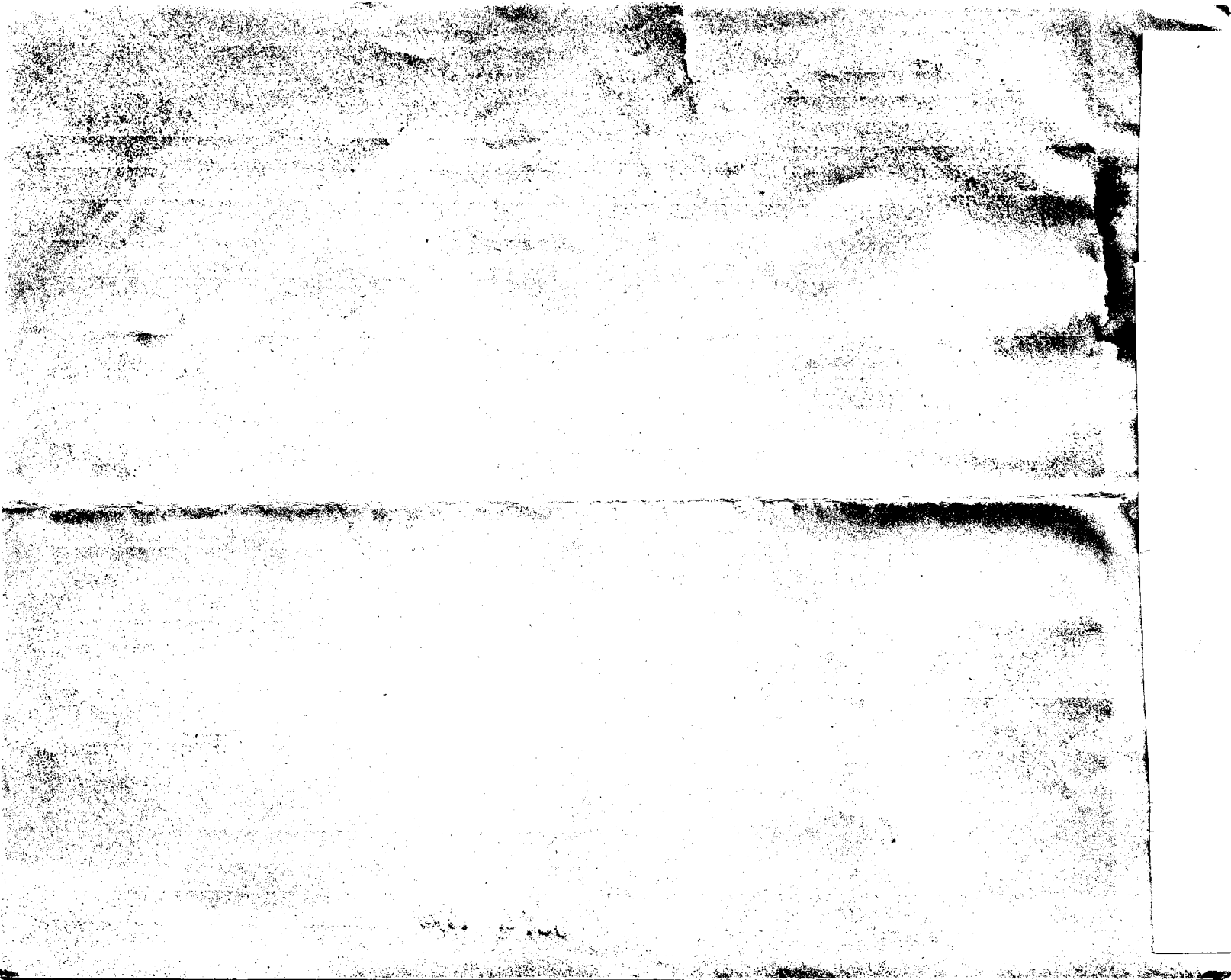
(Date of)

(Signed) _____ M. D.
or Genevella E. Peasly Mrs E. H. Midwife
Address _____

Filed OCT 4 1939, 1939

Registrar.

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Ada } ss.
Henry Elmer C. Peasley being first duly sworn says that
Paul is the Son of Fred & Rose James
(Relationship of child)*
born Sept. 30, 1891 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that.....desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said.....

.....hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that.....M. D. was the Midwife
medical attendant at the birth of said.....and that
the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Henrietta C. Peasley (Mrs E J H)

P. O. Address Boise, Idaho

Subscribed and sworn to before me this 3rd day of Oct, 1935

W. H. Hood
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A295-205 002-445

1. PLACE OF BIRTH
County of Adams
City of Meadows
No. _____ St. _____

RECEIVED
OCT 16 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 284275

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Jessie Dell King

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Sept. 5, 1891</u> (Month, Day, Year)
-------------------------	--	--	--------------------------------	--

9. Full name Jerry J. King FATHER
10. Residence (usual place of abode)
(If non-resident, give place and State) Meadows
11. Color or race white 12. Age at last birthday 43 (years)
13. Birthplace (city or place) Columbus, Ohio
(State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____

18. Full maiden name Mary Ann Munselle MOTHER
19. Residence (usual place of abode)
(If non-resident, give place and State) Meadows
20. Color or race white 21. Age at last birthday 40 (years)
22. Birthplace (city or place) Mt. Vernon, Ill
(State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 8
(a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn no
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed Oct 16, 1939

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 16 1939

State of California }
County of Yuba } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Rosa Plaster being first duly sworn says that

is the sister of Jessie Dell King
(Relationship of child)*

born Sept. 5, 1891 at Meadows, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Jessie Dell King

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Sherwood M. D. was the medical attendant at the birth of said Jessie Dell King Midwife and that the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant Mrs. Rosa Plaster

P. O. Address 5012 So. East 78th Ave., Portland, Ore.

Subscribed and sworn to before me this 6th day of May, 19 39

Frank M. Ireland
Notary Public.

Residing at Camptonville, Yuba Co., Calif.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 9 1956

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each in order of birth stated.

1. PLACE OF BIRTH
County of Ada 664-121
City of Nampa 001236
No. not numbered St. at home
Registration District No. _____ State File No. 285378

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD HUGH FOUCH.

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth October 21, 1891
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name ALBERT FATHER Fouch. 18. Full maiden name Theresa Isabella Stockton.

10. Residence (usual place of abode) Nampa, Idaho 19. Residence (usual place of abode) Nampa, Idaho
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 39 (years) 20. Color or race white 21. Age at last birthday 24 (years)

13. Birthplace (city or place) State of Illinois 22. Birthplace (city or place) Crawford county
(State or Country) U.S.A. (State or Country) Missouri, U.S.A.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. General Store 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work 1895 17. Total time (years) spent in this work 11 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? unknown.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Give name added from a supplemental report _____)

(Date of) _____

Registrar.

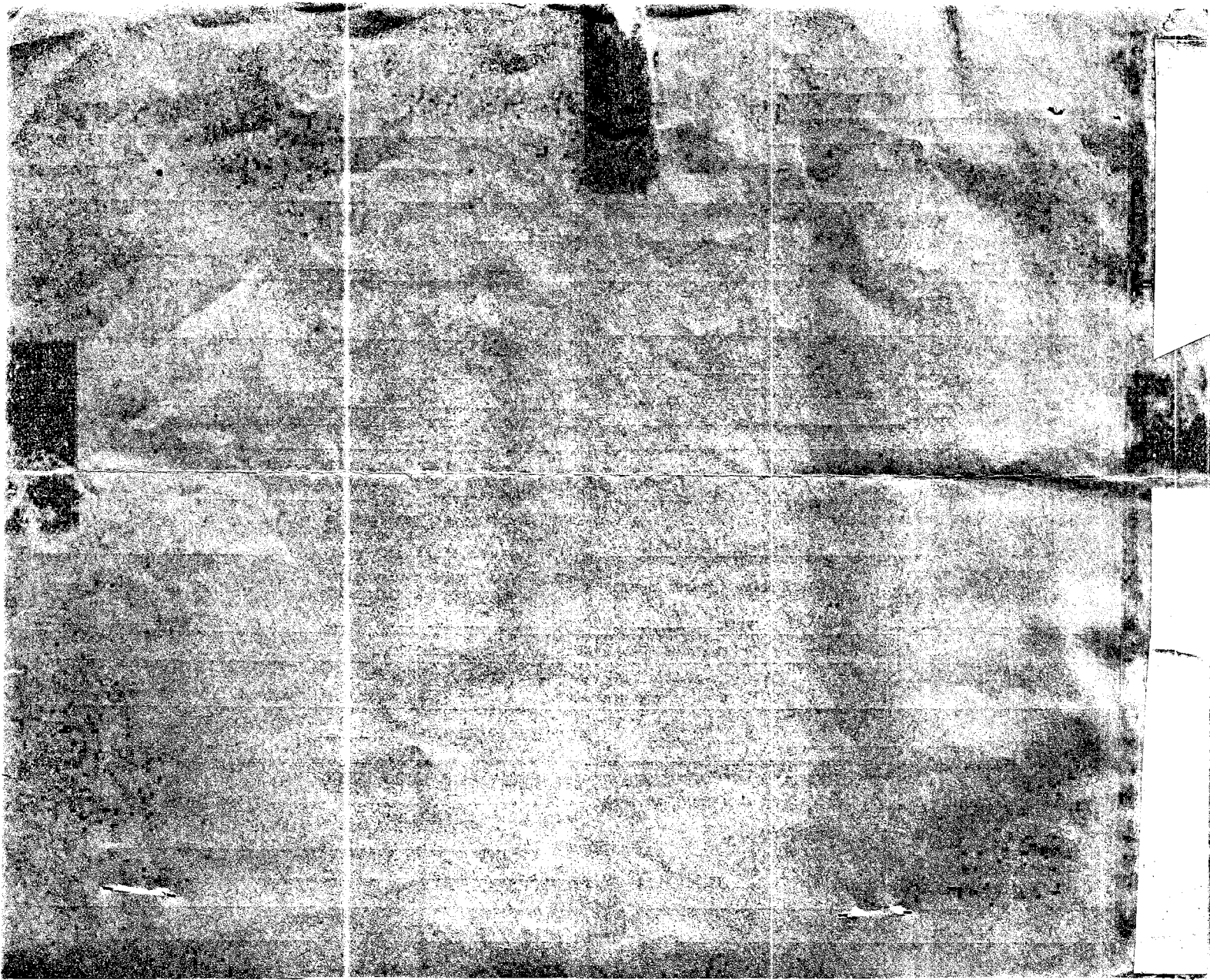
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed OCT 27 1899, 193. _____

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho.

County of Ada.

} ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Theresa Isabella Wilson

being first duly sworn says that

she is the mother of Hugh Fouch

(Relationship of child)*

born October 21, 1891

(Date of birth)

at Nampa

, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Hugh Fouch

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Dr. Kohler

M. D. was the

~~Midwife~~

medical attendant at the birth of said Hugh Fouch

and that

the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant Theresa Isabella Wilson

P. O. Address 915- Kroll Rd Boise Idaho

Subscribed and sworn to before me this 26

day of October

, 1939

John G. Dunham
Notary Public.

Residing at Boise

, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 20 1946

A432-224-001-619

787531

1. PLACE OF BIRTH
 County of Boise Ada
 City of Boise City
 No. _____ St. _____

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

JAN 8 1940 **CERTIFICATE OF BIRTH** **287531**

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Nellie McShane

3. Sex girl If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
 mate? yes 8. Date of birth Jan. 24, 1936
 5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name FATHER Luiter Burchenal McShane 18. Full maiden name MOTHER Simmia Jane Farmer

10. Residence (usual place of abode) Boise 19. Residence (usual place of abode) Boise
 (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 36 (years) 20. Color or race white 21. Age at last birthday 24 (years)

13. Birthplace (city or place) San Mages Iowa 22. Birthplace (city or place) Little Rock Arkansas
 (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. rancher & farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farmer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

16. Date (month and year) last engaged in this work March 1, 1936 17. Total time (years) spent in this work 10 yrs. 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work 10 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 5
 (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar. _____

(Signed) _____, M. D.

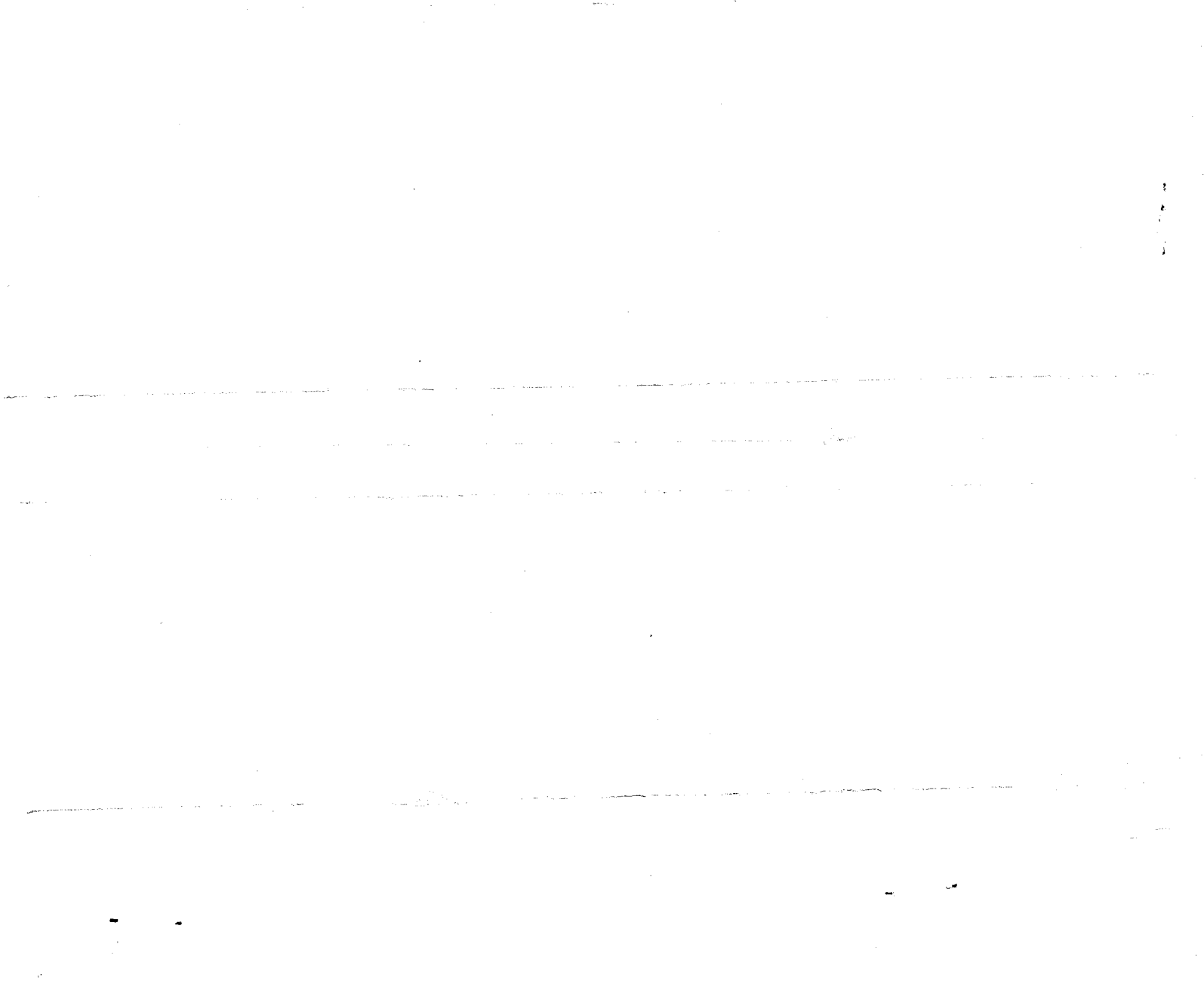
or deceased, Midwife

Address _____

Filed Jan. 10, 1940

Registrar. _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

JAN 8 1940

State of Idaho }
County of Bonne } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

AFFIDAVIT

William Luther McShane being first duly sworn says that

Nellie McShane daughter of Luther Burchard McShane
(Relationship of child)*

born Jan. 24, 1991 at Baie city, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that W. L. McShane desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said Nellie McShane

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Sarah Farmer M. D. was the
medical attendant at the birth of said Nellie McShane Midwife
and that
the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant William Luther McShane

P. O. Address Mayes, Okla. Alberta

Subscribed and sworn to before me this 23rd day of December, 1939

W. H. Chastain
Notary Public.

Residing at Mayes, Okla., Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Canada

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. 304 E 6th St.
453 118-029-437

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 20 1940

289900

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Arlie Delos Decker

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legiti- mate? <u>X</u>	8. Date of birth <u>April 18, 1891</u> (Month, Day, Year)
-----------------------	--	--	------------------------------	---

9. Full name
FATHER
Joseph Hamlin Decker

18. Full
maiden name MOTHER
Ida Bell McGrew

10. Residence (usual place of abode)
(If non-resident, give place and State) Moscow, Idaho

19. Residence (usual place of abode)
(If non-resident, give place and State) Moscow, Idaho

11. Color or race White 12. Age at last birthday 29 (years)

20. Color or race White 21. Age at last birthday 26 (years)

13. Birthplace (city or place)
(State or Country) Illinois

22. Birthplace (city or place)
(State or Country) Illinois

OCCUPATION
14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Painter
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. House Painter

OCCUPATION
23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housewife
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Home

16. Date (month and year)
last engaged in this work
died Nov. 25th, 1936
17. Total time (years) spent
in this work Adult life

25. Date (month and year)
last engaged in this work
died July 25, 1920
26. Total time (years) spent
in this work Adult life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
first born
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) W. H. Carithers, M. D.

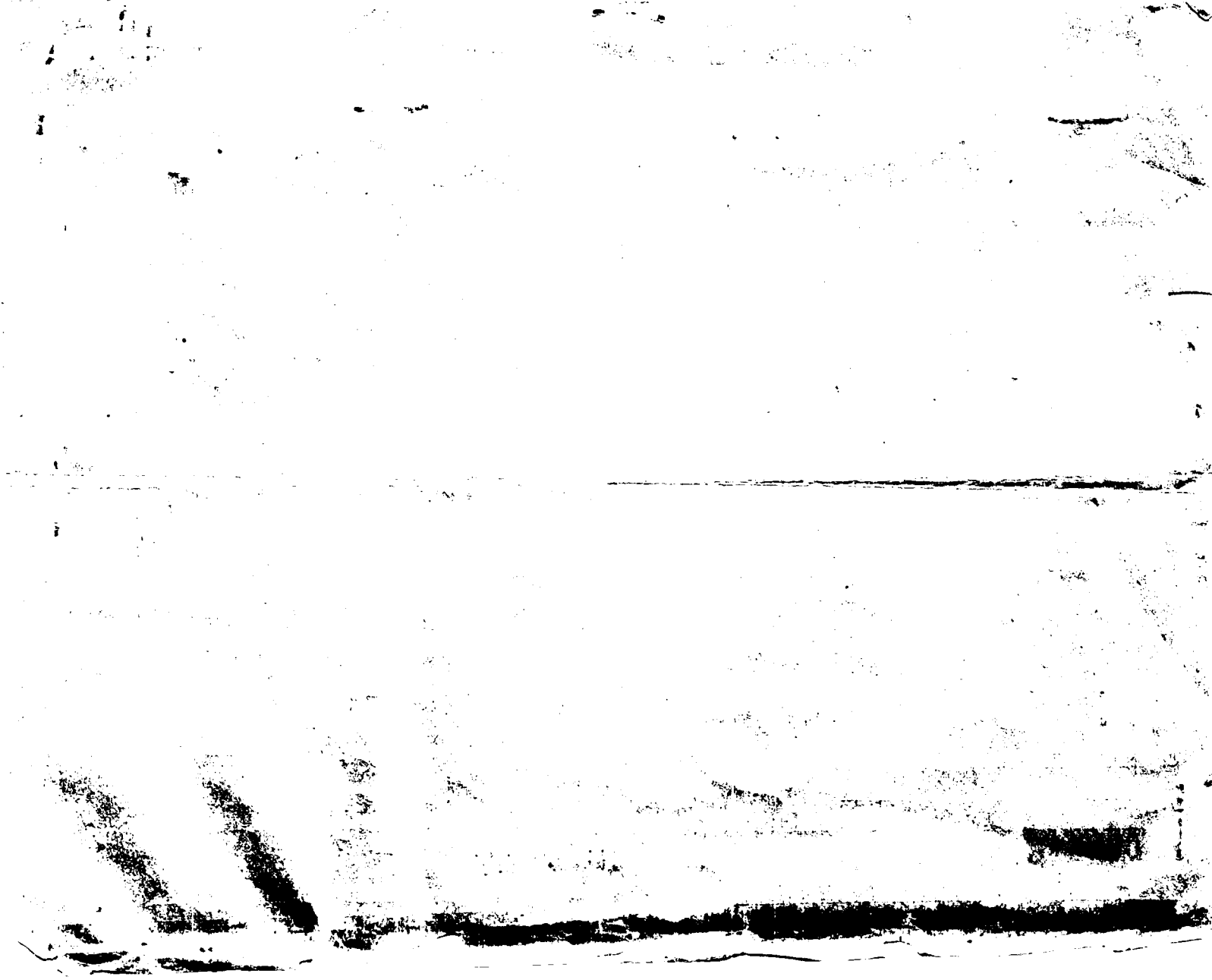
or _____, Midwife

Address _____

Filed Feb. 20, 1940 May G. Atwood
State Registrar.

When there was no attending physician
or midwife, then the father, household, etc.,
should make this return.
Give name added from
a supplemental report _____
(Date of) _____

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho

County of Nez Perce

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Arlie Delos Decker being first duly sworn says that

he is the ** Arlie Delos Decker
(Relationship of child)*

born April 18, 1891 at MOSCOW, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Arlie Delos Decker

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. W. H. Carithers M. D. was the
medical attendant at the birth of said Arlie Delos Decker midwife and that
the said medical attendant is Now deceased

(Now deceased (or) cannot be located)

Name of Affiant Arlie Delos Decker

P. O. Address 1223 - 3rd Street, Lewiston, Idaho

Subscribed and sworn to before me this 19th day of February, 19 40

Edward L. Boyler
Notary Public.

Residing at Lewiston, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth ARLIE DELOS DECKER			2. Date (month) (day) (year) Of Birth April 18 1891	
	3. Color or Race white	4. Sex male	5. Place of Birth Idaho	a. County Latah	b. City or Town of Birth Moscow
FATHER	6. Full Name of Father Joseph Hamlin Decker			7. State or Country of Father's Birth Illinois	
MOTHER	8. Full Maiden Name of Mother Ida Bell McGrew			9. State or Country of Mother's Birth Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Arlio Delos Decker</i>	
NOTARY (Seal)	Subscribed and sworn to before me on Nov 4 1955			11. Present Address of Registrant West 1101 26th Avenue Spokane 41, Washington	
				12. Signature of Notary <i>W. W. Benson</i>	
				13. Notary Commission expires July 31 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document school record		By whom issued and signed UNIVERSITY OF IDAHO Moscow, Idaho		Date Issued 10-27-52
	Date of Birth April 18 1891	Birth Place Moscow, Idaho	Full Name of Mother		Date Orig. Entry September 21 1909
Class* B					Name of Father J. H. Decker
SUPPORTING RECORD 2-	Type of Document statement re insurance record		By whom issued and signed NEW YORK LIFE INSURANCE CO., New York #4 563 265		Date Issued 12-17-52
	Date of Birth April 18 1891	Birth Place Idaho	Full Name of Mother Ida B. Decker		Date Orig. Entry March 13 1914
Class B					Name of Father
SUPPORTING RECORD 3-	Type of Document census record		By whom issued and signed DEPARTMENT OF COMMERCE Bureau of the Census		Date Issued 11-17-52
	Date of Birth April, 1891	Birth Place 9 years old Idaho	Full Name of Mother Ida B. Decker		Date Orig. Entry Census of 1900, June 1
Class B					Name of Father Joseph H. Decker
QUALIFYING INFORMATION	affidavit by uncle, Mansfield C. McCrew; date of birth: April 18, 1891				
	birthplace: Moscow, Latah County, Idaho; Parents: Joseph Hamlin Decker Ida Belle McGrew				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by Betty Waller		Date Filed November 4 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

documents entered as supporting evidence - 11-4-55

NOV 4 1955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A264-103,075-281

1. PLACE OF BIRTH
County of San Diego
City of Southwick
No. _____ St. _____

RECEIVED
APR 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

291065

291065

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Bert Southwick

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>X</u>	8. Date of birth <u>Aug 3 1891</u> (Month, Day, Year)
9. Full name <u>Stephens Southwick</u>	FATHER			18. Full maiden name <u>Martha Shay</u>	MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>		
11. Color or race <u>White</u>	12. Age at last birthday (years) _____			20. Color or race <u>White</u>	21. Age at last birthday (years) _____	
13. Birthplace (city or place) (State or country) _____				22. Birthplace (city or place) (State or country) _____		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	19. _____		25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 8 (b) Born alive but now dead 4 (c) Stillborn _____
29. If stillborn, { months _____ or weeks _____ } 30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report _____

(Date of) _____

Registrar.

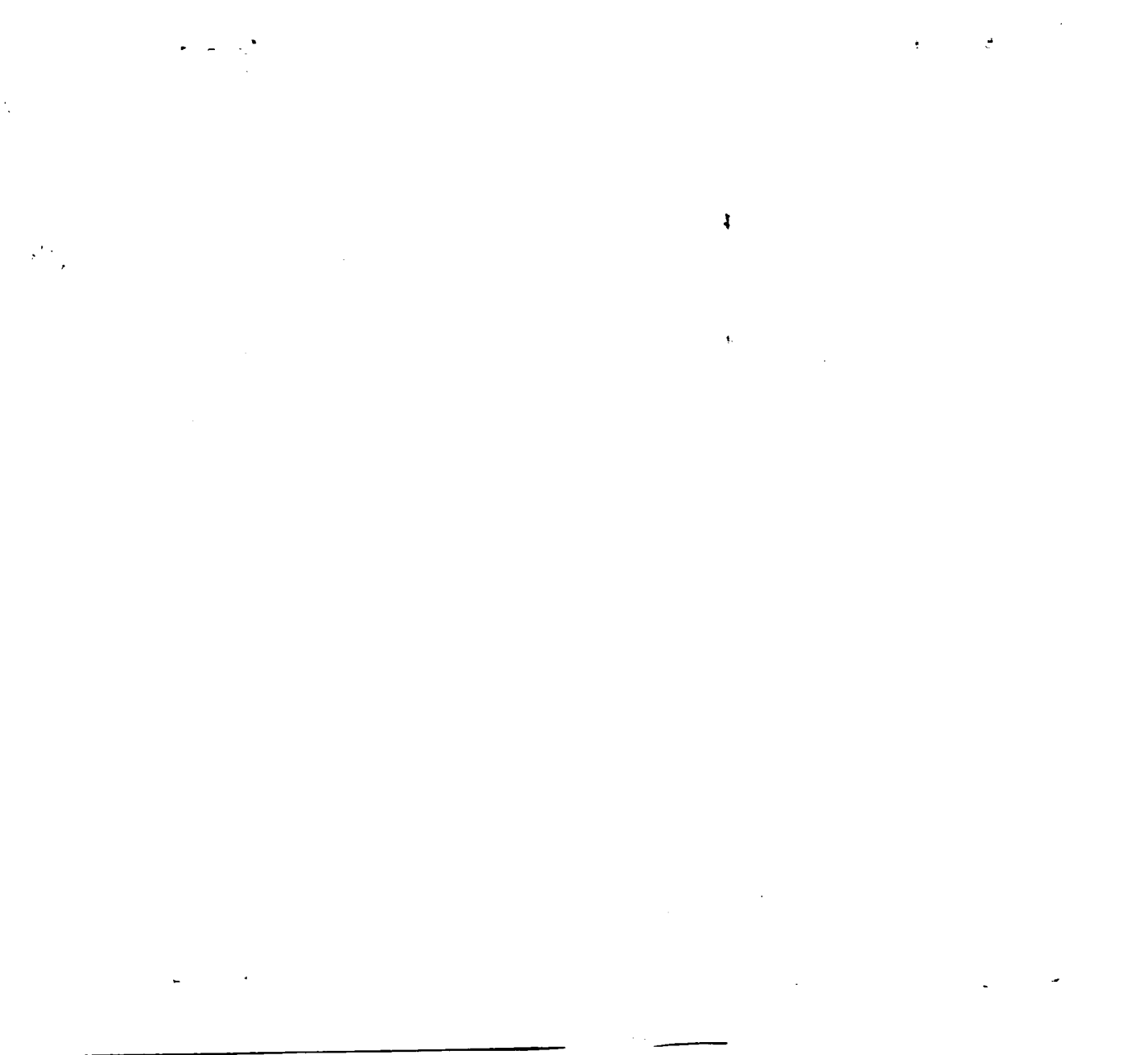
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed April, 1940

Registrar.



RECEIVED

APR 15 1940

291065

State of Washington)
) SS
County of King)

Bert Southwick, being first duly sworn on oath, deposes and says that he is the person named in and who filled out the attached Certificate of Birth for and on behalf of himself, that as stated in said certificate, he was born on August 3, 1891 at Southwick, Idaho and that at the said time, there was no regulations provided by the laws of the state of Idaho for registration of births and that he now makes this affidavit for the purpose of having his registration made in accordance with the laws now existing and that the facts stated in said certificate are true and correct to his best knowledge and belief.

Bert Southwick

Subscribed and sworn to before me on this thirteenth day of April 1940.

Frank Dornd
Notary Public in and for the State
of Washington, residing at Seattle.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

PLACE OF BIRTH
County of Kootenai
City of Bliss Lake
No. A751-220025-285 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

292222
292222

APR 26 1940

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lillian Mary Geaudreau

3. Sex girl If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 5 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth Jan 20th 1891 (Month, Day, Year)

9. Full name FATHER George Geaudreau
10. Residence (usual place of abode) (If non-resident, give place and State) Penrith Wash
11. Color or race white 12. Age at last birthday 44 (years)
13. Birthplace (city or place) (State or Country) Vermont

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Ranch
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work ✓

18. Full maiden name MOTHER Kate Shelburn
19. Residence (usual place of abode) (If non-resident, give place and State) Penrith Wash
20. Color or race white 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Missouri

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work ✓

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) Five
(a) Born alive and now living 5 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____ M. D.

or _____ Midwife

Address _____

Filed April 26, 1940

Registrar.



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STATE OF IDAHO

292222

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss. 1940 (To accompany a certificate of an unreported birth
County of Kootenai } when such certificate is not attested by signature of
attending physician or midwife.)

AFFIDAVIT

Dora McIntosh being first duly sworn says that
she is the sister of Lillian Mary Geandreau
(Relationship of child)*
born January 20th 1891 at Fish Lake, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Lillian Mary Geandreau desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said Lillian Mary Geandreau

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that none M. D. was the
medical attendant at the birth of said none Midwife
the said medical attendant is none and that

(Now deceased (or) cannot be located)

Name of Affiant Dora McIntoshP. O. Address Colbert Wash.

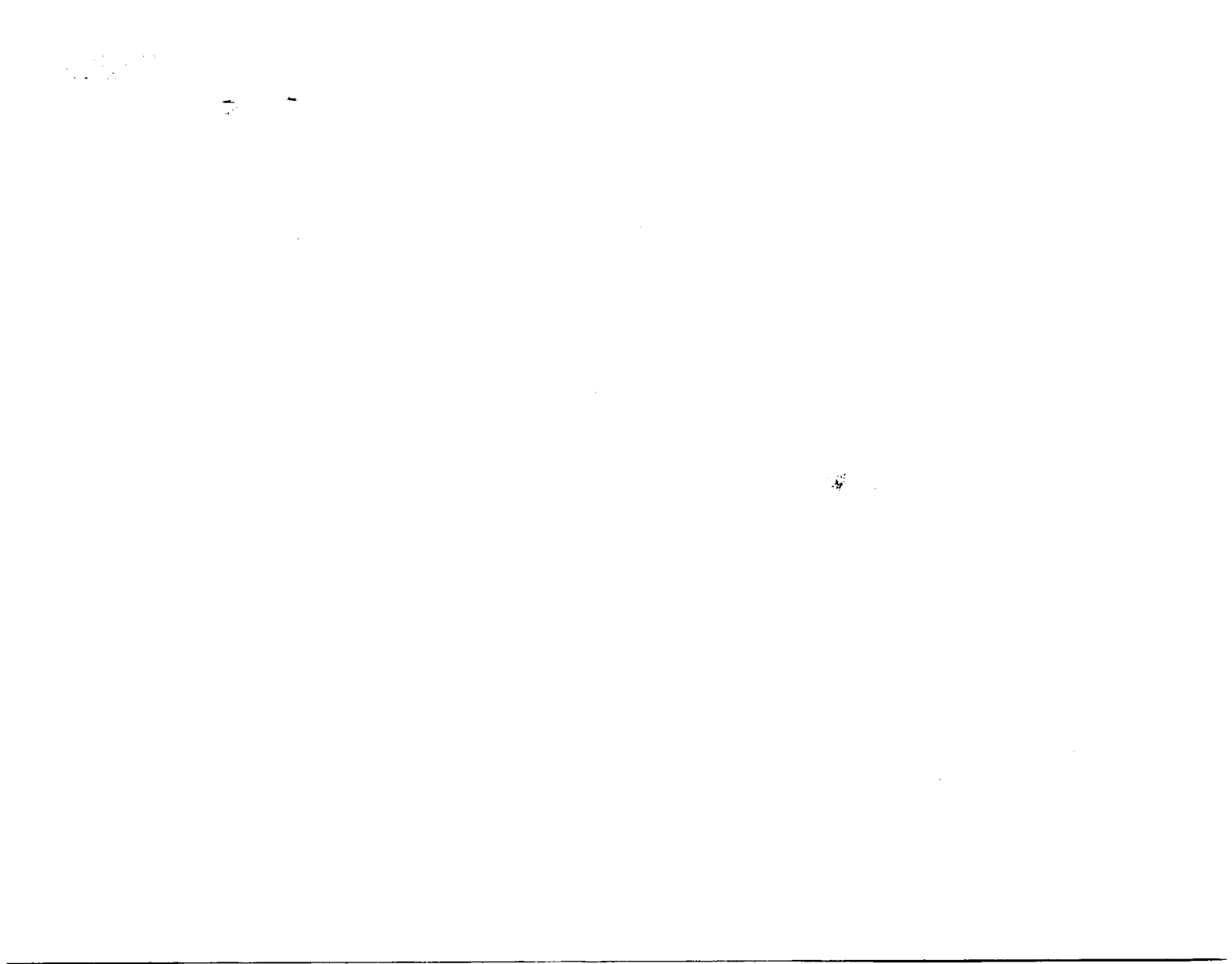
Subscribed and sworn to before me this 15 day of April, 1940

Viola J. Dool

Notary Public.

Residing at Colbert Wash., Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

793115 035-234

293349

1. PLACE OF BIRTH
County of Myer Perce
City of Lewiston
No. St.

RECEIVED
MAY 23 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

293349

(If born in hospital or institution give name.)

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD George Lyman Gilman

3. Sex Male { If plural births } 4. Twin, triplet, or other. 5. Number, in order of birth. 6. Premature. 7. Legitimate? yes 8. Date of birth Dec. 15, 1891
(Month, Day, Year)

9. Full name FATHER Dudley Gilman

18. Full maiden name MOTHER Frances Levenia Sturgeon

10. Residence (usual place of abode) Lewiston
(If non-resident, give place and State)

19. Residence (usual place of abode) Lewiston
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 24 (years)

20. Color or race W 21. Age at last birthday 19 (years)

13. Birthplace (city or place) Lewiston
(State or country) Idaho

22. Birthplace (city or place) Pennsylvania
(State or country)

14. Trade, profession, or particular kind of work done, as Dep't. U.S. Marshal
sawyer, bookkeeper, etc.

23. Trade, profession, or particular kind of work done, as Housewife
housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation { months } or weeks { } 30. Cause of stillbirth { Before labor. } During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at m. on the date above stated.

(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Frances L. Gilman, M.D.

or (Mother), Midwife

Give name added from a supplemental report

(Date of)

Address

Filed May, 1940

Registrar.

Registrar.

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STATE OF IDAHO

293349

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

MAY 23 1940

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Frances L. Gilman being first duly sworn says that
she is the mother of George Lyman Gilman
(Relationship of child)*
born December 15, 1891 at Leviston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mrs. Frances L. Gilman desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said George Lyman Gilman

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Morton Strong M. D. was the
medical attendant at the birth of said George Lyman Gilman Midwife
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Frances L. GilmanP. O. Address 1220- 8th Avenue, Leviston, Ida.Subscribed and sworn to before me this 21 day of May, 1940.Philip Heiguber

Notary Public.

Residing at CLERK OF THE DISTRICT COURT AND Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

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FEB 15 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		293400	
County of <u>Bingham</u>		JUN 3 1940		BUREAU OF VITAL STATISTICS			
City of <u>Blackfoot</u>				CERTIFICATE OF BIRTH			
No. <u>A 917-224 006-255</u> St.		Registration District No. _____		State File No. <u>293400</u>			
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. _____			
2. FULL NAME OF CHILD <u>Beryl Rapp</u>							
3. Sex <u>Female</u>		4. Twin, triplet, or other. _____		6. Premature <u>yes</u>		7. Legitimate? <u>yes</u>	
If plural births _____		5. Number, in order of birth _____		Full term _____		8. Date of birth <u>Feb. 24</u> <u>1891</u> (Month, Day, Year)	
9. Full name <u>Vermell Rapp</u> FATHER				18. Full maiden name <u>Carrie Rosalia Keeler</u> MOTHER			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot, Idaho</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot, Idaho</u>			
11. Color or race <u>white</u> 12. Age at last birthday <u>24</u> (years)				20. Color or race <u>white</u> 21. Age at last birthday <u>20</u> (years)			
13. Birthplace (city or place) (State or Country) <u>Oregon</u> <u>Wisconsin</u>				22. Birthplace (city or place) (State or Country) <u>Leocompton</u> <u>Kansas</u>			
OCCUPATION		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawyer</u>		OCCUPATION		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Law</u>		16. Date (month and year) last engaged in this work <u>Feb. 24, 1891</u> <u>19</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>		25. Date (month and year) last engaged in this work <u>Feb. 24, 1891</u> <u>19</u>	
17. Total time (years) spent in this work <u>3</u>		26. Total time (years) spent in this work <u>1</u>					
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>							
28. Number of children of this mother (At time of this birth and including this child) <u>three</u> (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____							
29. If stillborn, period of gestation _____		{ months or weeks _____		30. Cause of Stillbirth _____		{ During labor _____ Before labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

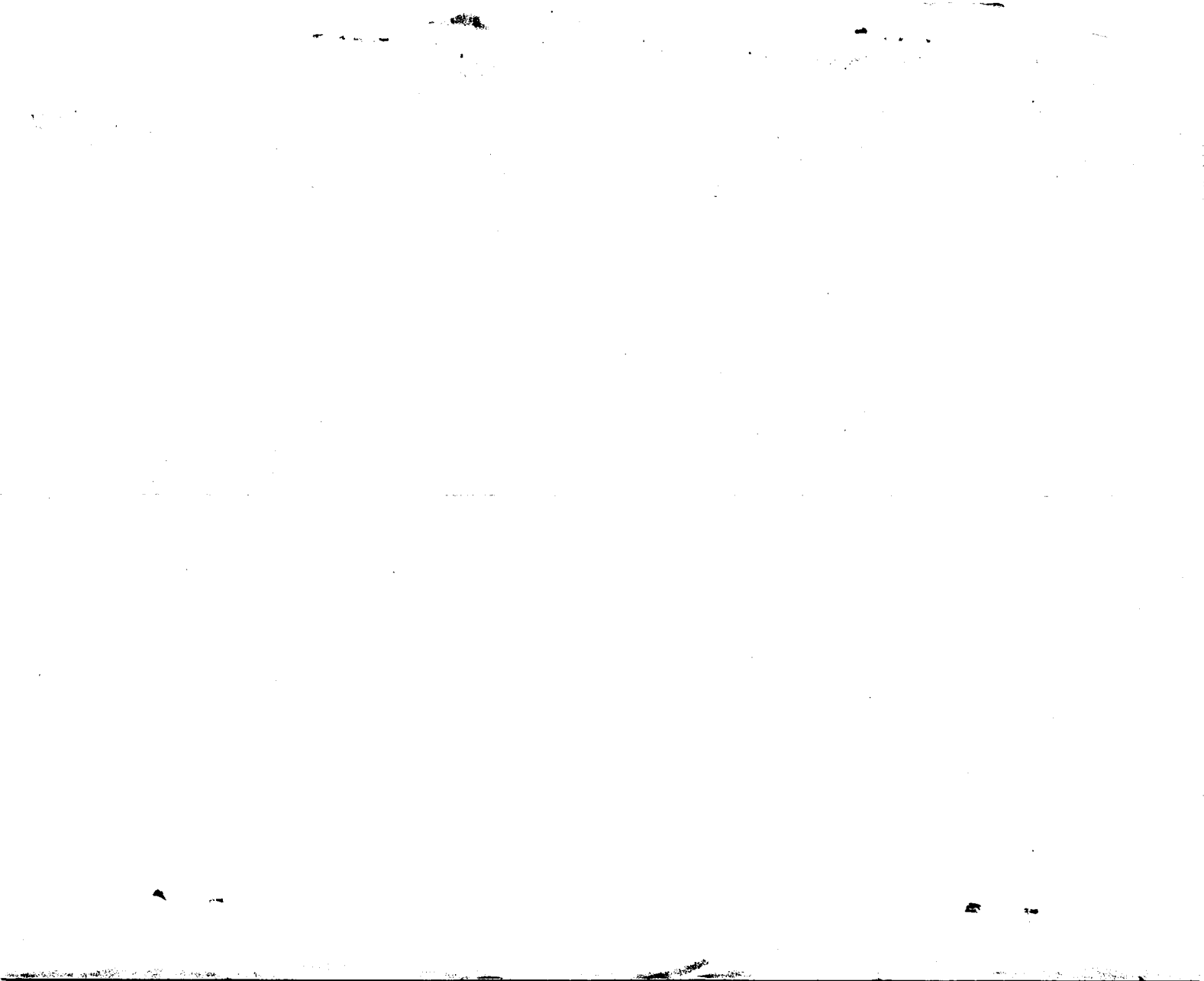
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed See affidavit 6/3, 1934

Registrar.



A F F I D A V I T

I Carrie K. Rapp, being first duly sworn, do attest and affirm, that on the 24th day of February, 1891, I gave birth to a female child, whom I named Beryl. Doctor Bailey was the attending physician, and Mrs. Crawford was the attending nurse. My husband, Vermell Rapp, who died Sept. 28, 1928, was also present. This birth took place in the town of Blackfoot, Bingham County, Idaho.

Carrie K. Rapp

Subscribed and sworn to at
Los Angeles, California this
22nd day of May 1940

J. M. Sperry
Notary Public

My Commission Expires June 22, 1942

1942



MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

356-120008-234

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. _____ St. _____
Registration District No. 120 State File No. 293531

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 190

2. FULL NAME OF CHILD George Clay Chanson

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature No 7. Legiti- Yes 8. Date of birth Nov. 20, 1891
5. Number, in order of birth _____ Full term Yes mate? Yes (Month, Day, Year)

9. Full name FATHER George C. Chanson MOTHER Amelia M. St Denis
10. Residence (usual place of abode) Coeur d'Alene 19. Residence (usual place of abode) Coeur d'Alene
(If non-resident, give place and State) _____ (If non-resident, give place and State) _____

11. Color or race White 12. Age at last birthday 33 (years) 20. Color or race White 21. Age at last birthday 30 (years)

13. Birthplace (city or place) Braceville 22. Birthplace (city or place) New York State
(State or Country) Ontario, Can. (State or Country) _____

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker. OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Same

16. Date (month and year) last engaged in this work Nov. 20, 1891 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work Nov. 20, 1891 26. Total time (years) spent in this work 10 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None.

28. Number of children of this mother 7 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 3 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

(Signed) Mary E. Preston

or _____

Address Coeur d'Alene, Idaho.

Filled 6. 5. 1900

Registrar.

Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Notenai } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary E. Preston being first duly sworn says that
she is the sister of George Clay Thomson
(Relationship of child)*
born November 20, 1891 at Coeur d'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said George Clay Thomson
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Lap Delf. M. D. was the
medical attendant at the birth of said George Clay Thomson Midwife
the said medical attendant is now deceased. and that
(Now deceased (or) cannot be located)

Name of Affiant Mary E. Preston
P. O. Address Coeur d'Alene Idaho
Subscribed and sworn to before me this first day of June, 1940

E. H. Miles
Residing at Coeur d'Alene, Idaho.
Notary Public

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. 504 - High St. St. 844-217-040695

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294837

JUL 15 1940

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. 140 Local Registrar's No. 1

2. FULL NAME OF CHILD

Hilda Pauline Haupt

3. Sex F. If plural births { 4. Twin, triplet, or other. _____ 6. Premature _____ 7. Legiti-
5. Number, in order of birth _____ Full term yes mate? yes 8. Date of birth July 17, 1891
(Month, Day, Year)

9. Full name FATHER
Adolph Haupt

10. Residence (usual place of abode)
(If non-resident, give place and State) Wallace

11. Color or race W 12. Age at last birthday 34 (years)

13. Birthplace (city or place)
(State or Country) Gymnaz.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drum Clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER
Mary E. Fredrickson

19. Residence (usual place of abode)
(If non-resident, give place and State) Wallace

20. Color or race W 21. Age at last birthday 16 (years)

22. Birthplace (city or place)
(State or Country) Wapoor Wisc.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. D.W.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 50P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Dr. Pennington, M. D.

or _____, Midwife

Address Wallace Sta.

Filed July 12, 1940 John A. Bower

Registrar.

STATE OF IDAHO

294837

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Shoshone } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Adolph Haupt being first duly sworn says that
he is the Father of Hilda Pauline Haupt
(Relationship of child)*
born July 17 - 1891 at Wallace, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139, 1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Hilda Pauline Haupt
has not hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Genoway, M. D., was the
medical attendant at the birth of said Hilda Pauline Haupt deceased and that
the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Adolph Haupt
P. O. Address Wallace Ida

Subscribed and sworn to before me this 12 day of July, 1940
Elizabeth E. Ward
Notary Public.
Residing at Wallace Ida., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294977

RECEIVED
JUN 21 1940

1. PLACE OF BIRTH
County of Shoshone
City of Murray
No. man St. 315 101 040-653

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

GOLDEN LANE

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Nov 1</u> 189 <u>1</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>yes</u>		

9. Full name HIRAM BROCK LANE FATHER
10. Residence (usual place of abode) Murray Idaho
(If non-resident, give place and State) Idaho
11. Color or race white 12. Age at last birthday 50 (years)
13. Birthplace (city or place) Puissant Orleans
(State or Country) Canada

18. Full maiden name MARY CYNTHIA FELL MOTHER
19. Residence (usual place of abode) Murray Idaho
(If non-resident, give place and State) Idaho
20. Color or race white 21. Age at last birthday 30 (years)
22. Birthplace (city or place) Puissant Orleans
(State or Country) Canada

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. placer mining
16. Date (month and year) last engaged in this work present time
17. Total time (years) spent in this work 4 years

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work present time
26. Total time (years) spent in this work whole life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no
28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks }
30. Cause of Stillbirth _____ { During labor or Before labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was above at 12 noon m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) Mary C. Lane, M. D.
or _____, Midwife

Address _____

Filed June 21, 1940, 193 May G. Atwood

Registrar.

Registrar.

6-18-41 W. J.

294977

STATE OF IDAHO

RECEIVED

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSState of California
County of San Bernardino

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Cynthia Lee Lane being first duly sworn says that
she is the mother of golden lane
 (Relationship of child)*
 born November 1, 1891 at Murray, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said golden lane

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that name unknown ~~was~~ was the
 medical attendant at the birth of said golden lane and that
 the said medical attendant is golden lane

(Now deceased (or) cannot be located)

Name of Affiant Mary C. Lane
 P. O. Address RFD. HIGHLAND CALIF

Subscribed and sworn to before me this 18 day of June, 19 40

James McHowson
 Notary Public.
 Residing at San Bernardino, California, Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

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- 5 -

1

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

4137-225-032-418

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. _____ St. **AUG -1 1940**
Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Latterne M^cCrum

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <input checked="" type="checkbox"/>	7. Legitimate? <input checked="" type="checkbox"/>	8. Date of birth <u>January 25, 1891</u> (Month, Day, Year)
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9. Full name <u>Charles Kimball M^cCrum</u> FATHER	18. Full maiden name <u>Jessie May M^cCrum</u> MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Shoshone, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Shoshone, Idaho</u>		
11. Color or race <u>White</u>	12. Age at last birthday <u>36</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>26</u> (years)
13. Birthplace (city or place) (State or Country) <u>Galt, Ontario, Canada</u>	22. Birthplace (city or place) (State or Country) <u>Leon, Iowa</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Druggist</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Drug Store</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
16. Date (month and year) last engaged in this work <u>January 1891</u>	17. Total time (years) spent in this work <u>10 years</u>	25. Date (month and year) last engaged in this work <u>January 1891</u>	26. Total time (years) spent in this work <u>4 years</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living One (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10-a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) Mrs. J. L. Springer M.D.
or (Cousin) Midwife
Address Franklin St - Boise, Ida.
Filed Mae L. Atwood
Registarr.

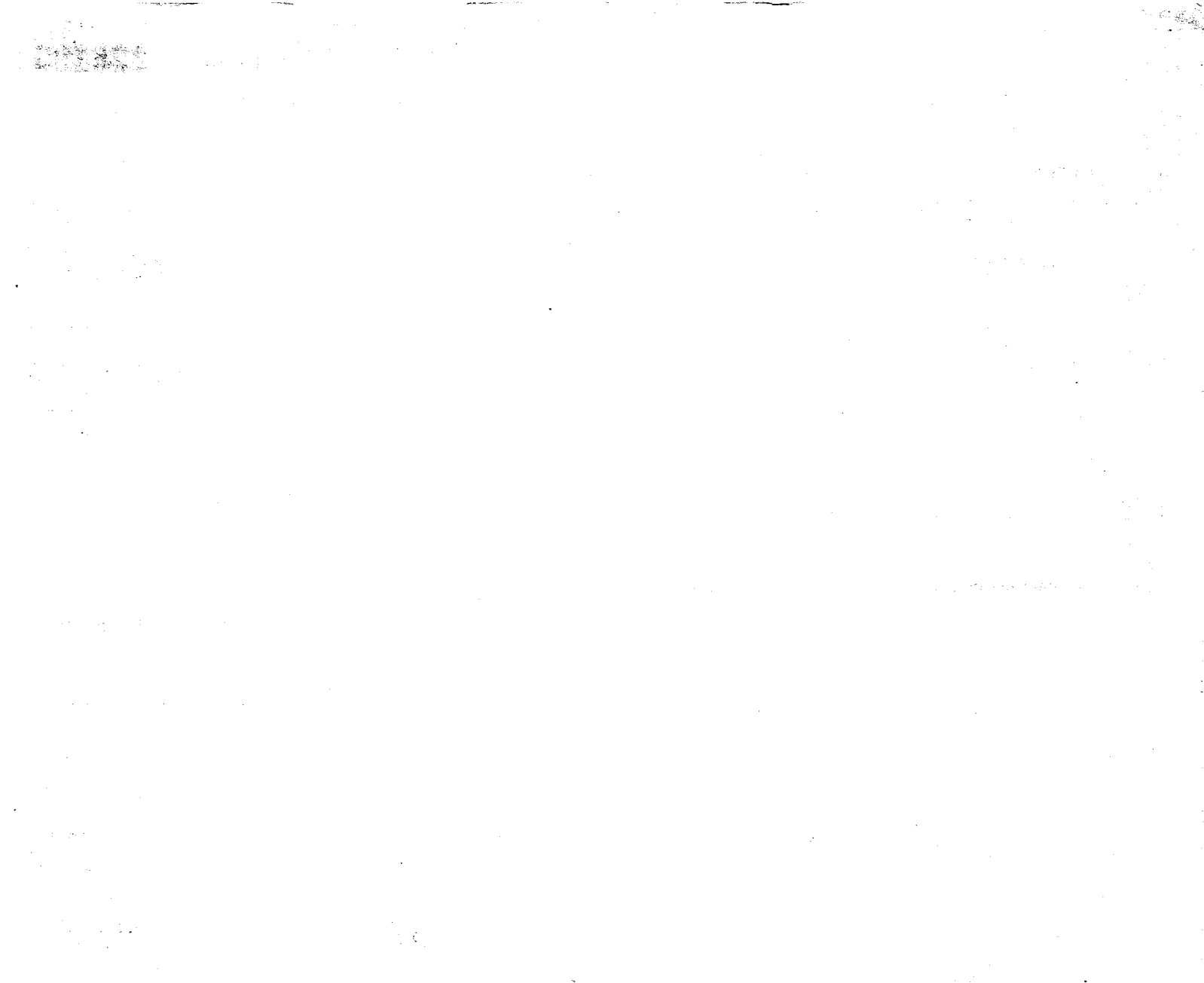
(Date of)

Registarr.

AUG -1 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296195
296195



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
being first duly sworn says that
Neva R Springer
is the Cousin of Katherine McCreum
(Relationship of child)*
born Jan 25-1891 at Shoshone, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho, and affiant further states that the facts contained in the certi-
ficate of birth of the said Katherine McCreum

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Kibbey M. D., was the
medical attendant at the birth of said Katherine McCreum and that
the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant Neva R Springer

P. O. Address 710 Franklin St

Subscribed and sworn to before me this 31st day of July, 1940

Notary Public Ernest E. Brown Exp 11-5-43 Notary Public.
Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

386-2141030-238

RECEIVED
AUG 28 1940

The foregoing information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

296381
State File No. 296381
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Boone (b) City Junction
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home 0 days.
In THIS county 2 years 1 months 0 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Boone
(c) City Boone
(d) Street Address or R.F.D. No. R. 2
(e) How long has MOTHER lived in Idaho? 52 yrs.
(f) Mother's mailing address R. 2, Boone
3. RESIDENCE OF FATHER (city, state) Boone, Idaho

4. FULL NAME OF CHILD Lillian Luana Thompson

5. Date of Birth Oct. 14, 1891
(Month, day, year)

6. Sex Girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Elmer Ellsworth Thompson
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Russell Penn
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

16. FULL MAIDEN NAME Laura Bell Schwartz
17. Color or Race White 18. Age at time of THIS birth 17 years
19. Birthplace St. Louis, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living One
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) Aug 8, 1940 (b) Mar G. Howard
(Date received) (Registrar's signature)
27. Given name added Bureau of Vital Statistics by (Registrar's signature)
25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura Bell Thompson, being first duly sworn, say that I am the mother to Lillian Luana Thompson as my daughter, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Frank Wright, M. D., who attended said birth is now deceased and that this birth has not been previously recorded.
(It is now deceased (or) cannot be located)

Laura Bell Thompson Name
Boise, Ada County, Idaho, Route 2 P. O. Address

Subscribed and sworn to before me on this 8th day of August, A. D. 1940.

(SEAL)

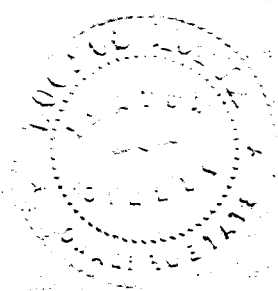
Anton Gordon Notary Public, residing at Boise, Idaho
Bureau of Vital Statistics

125000
FEB 24 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



A415 206 029 213

296444

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
AUG 12 1940
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Latah
City of Moscow Idaho
No. _____ St. _____
Registration District No. 200 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 1181

2. FULL NAME OF CHILD Lillian Manheim

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth <u>1</u>	6. Premature _____ Full term _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>April 6, 1891</u> (Month, Day, Year)
9. Full name <u>Hymon Manheim</u>		18. Full maiden name <u>Rebecca Salvane</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Moscow Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Moscow Idaho</u>		
11. Color or race <u>Wh</u>		20. Color or race <u>Wh</u>		
12. Age at last birthday <u>16</u> (years)		21. Age at last birthday <u>28</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Poland</u>		22. Birthplace (city or place) (State or Country) <u>New York, N.Y.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Merchant Dry Goods</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work
17. Total time (years) spent in this work		26. Total time (years) spent in this work		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Hymon Manheim Father
or _____ Midwife

Address 601 W 180th New York City

Filed 8-9, 1940 _____
Registrar, _____

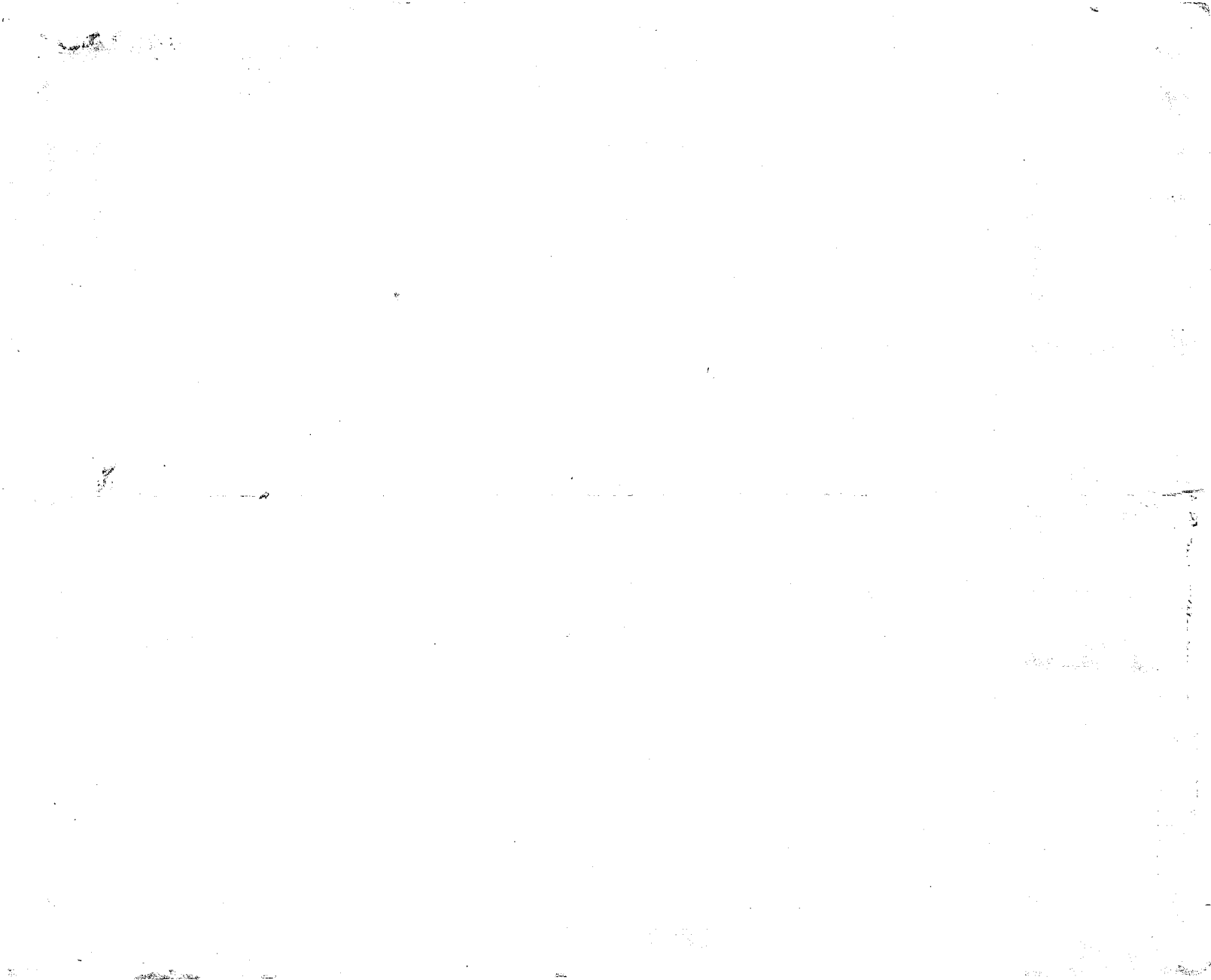
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

Registrar,

Registrar,

WRITE PLAINLY WITH INK. THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED

State of New York

AUG 12 1940

County of New York

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Hyman Manheim being first duly sworn says that

he is the Father of Lillian Manheim
(Relationship of child)*

born April 6 1891 at Moscow, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Lillian Manheim desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lillian Manheim

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Unknown, M. D., was the Midwife

medical attendant at the birth of said Cannot be located and that
the said medical attendant is Cannot be located

(Now deceased (or) cannot be located)

Name of Affiant Hyman Manheim

P. O. Address 601 W 180 ST. N.Y.C

Subscribed and sworn to before me this 5th day of Aug, 1940

NOTARY PUBLIC, NEW YORK COUNTY
Cert. filed N.Y. Co. No. 76, Reg. No. 2 M 54
Commission Expires March 30, 1942

S. J. Kearney
Notary Public.
Residing at nyc, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Declare the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

AUG 14 1940

STATE OF IDAHO

State File No. **296485**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County San Joaquin (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County San Joaquin
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Salmon
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Dorothy Merritt Gilmer
5. Date of Birth Oct 11 1891
(Month, day, year)
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Charles Vance Gilmer
11. Color White 12. Age at time of THIS birth 24 yrs.
or Race of
13. Birthplace Fort Bridger, Wyoming
(City or town) (State or foreign country)
14. Exact Occupation Gold Mining
15. Industry or Business Mining
16. **FULL MAIDEN NAME** Emma Merritt
17. Color White 18. Age at time of THIS birth 20 years
or Race THIS birth
19. Birthplace Austin Nevada
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11 A.M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

26. (a)..... (Date received) (b)..... (Registrar's signature)
27. Given name added on..... by..... (Registrar's signature)
25. Attendant's **OWN** signature..... M.D. or..... (D.O., Midwife, etc.)
and address..... Date.....

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Merritt Gilmer, being first duly sworn, say that I am the mother of
Dorothy Merritt Gilmer as..... (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. C. Whitwell, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Emma Merritt Gilmer Name
403 - 10th P. O. Address

Subscribed and sworn to before me on this 12th day of August, 1940. Helen M. Platt
(SEAL) Notary Public, residing at Santa Monica
my Commission expires Nov. 16, 1941. San Joaquin County, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296547

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Bingham
City of Soda Springs
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Mary Elizabeth Baird Baird

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>May 24</u> , 19 <u>40</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>yes</u>		

9. Full name <u>Father</u>	FATHER <u>Jacob Baird</u>	18. Full maiden name <u>Mother</u>	MOTHER <u>Carolina Alvina Calkins</u>
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10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
<u>Idaho</u>	<u>Idaho</u>

11. Color or race <u>white</u>	12. Age at last birthday <u>30</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>33</u> (years)
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13. Birthplace (city or place) (State or Country)	22. Birthplace (city or place) (State or Country)
<u>Idaho</u>	<u>Idaho</u>

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work _____, 19____
	17. Total time (years) spent in this work <u>life</u>		26. Total time (years) spent in this work <u>life</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of Stillbirth _____	{ Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

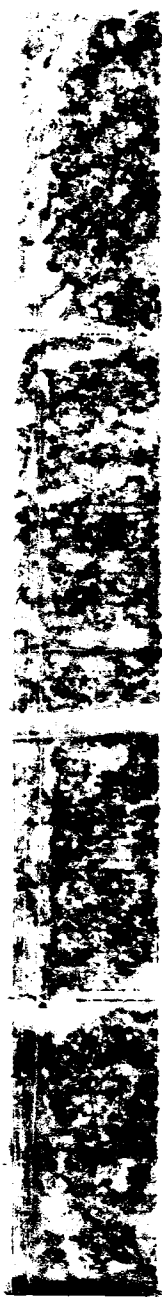
(Signed) _____
or _____
Address _____
Filed Aug, 1940
Registrar _____

(Date of)

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



8

2

1

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles

AUG 15 1940

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Carolina Melvina Baird Smith being first duly sworn says that
she is the mother of Mary Elizabeth Baird
(Relationship of child)*
born May 24th, 1891 at Soda Springs, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Mary Elizabeth Baird

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Name not recalled (midwife), M. D., was the Midwife

medical attendant at the birth of said Mary Elizabeth Baird and that
the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Caroline Melvina Baird Smith
Name of Affiant

P. O. Address 212 E. 82nd Place, Los Angeles, Cal.

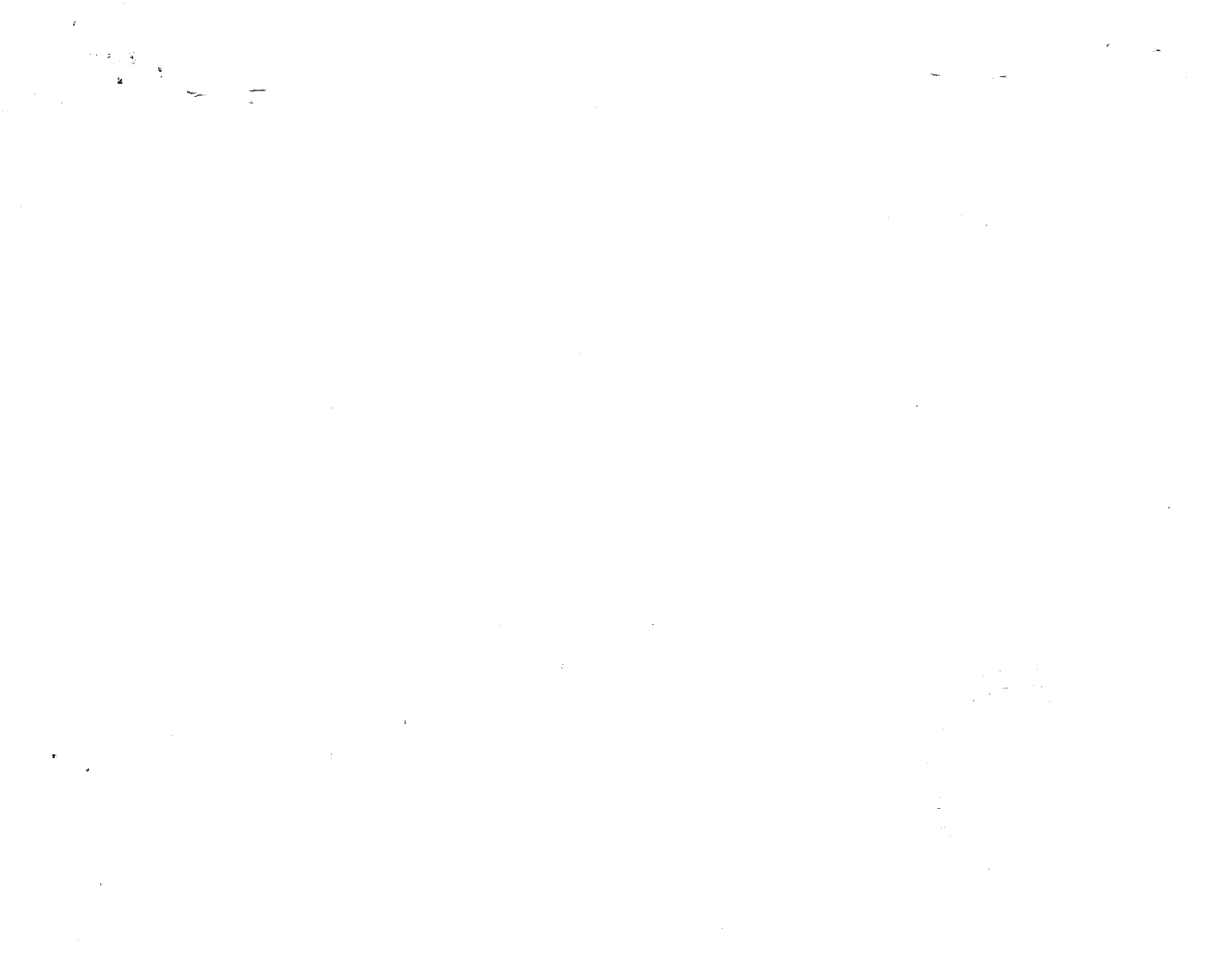
Subscribed and sworn to before me this 9th day of August, 1940

H. Earl Coy
Notary Public.

Residing at Los Angeles, California, 1000

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires Feb. 25, 1943



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **297859**
Local Reg. No.
Reg. Dist. No.

AUG 23 1940

- 1. PLACE OF BIRTH:**
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 5 days.
In THIS county 6 years 6 months 6 days.
- 2. USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Wallace, Idaho
- 3. RESIDENCE OF FATHER** (city, state) Wallace, Idaho

- 4. FULL NAME OF CHILD** Alice McDonald
- 5. Date of Birth** (Month, day, year) Dec. 4, 1891
- 6. Sex** Female
- 7. Twin or** — **If so—born** —
Triplet — **1st, 2nd, 3rd** —
- 8. No. months of Pregnancy** Nine
- 9. Legitimate?** Yes

FATHER OF CHILD

MOTHER OF CHILD

- 10. FULL NAME** David Roe McDonald
- 11. Color or Race** White **12. Age at time of THIS birth** 29 yrs.
- 13. Birthplace** Canada
(City or town) (State or foreign country)
- 14. Exact Occupation** Railroad Engineer
- 15. Industry or Business** Railroad
- 16. FULL MAIDEN NAME** Mary O'Neill
- 17. Color or Race** White **18. Age at time of THIS birth** 27 years
- 19. Birthplace** Wyoming
(City or town) (State or foreign country)
- 20. Exact Occupation** Housewife
- 21. Industry or Business** Business

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum** Not known
- 23. Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

- 26. (a)** Aug 23, 1940 **(b)** Mae G. Atwood
(Date received) (Registrar's signature)
- 25. Attendant's OWN signature** _____ M.D. or _____
(D.O., Midwife, etc.)
and address _____ **Date** _____
- 27. Given name added on** _____
(Registrar's signature)

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary A. McDonald, being first duly sworn, say that I am related to
Alice McDonald as her mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sims, who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this _____ day of _____, 1940

(SEAL)

Mary P. Forster Notary Public residing at Long Beach, Calif.
of Los Angeles, State of California. My Commission Expires July 2, 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

299-130006769

297930

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **297930**
Local Reg. No. **297930**
Reg. Dist. No.

1. PLACE OF BIRTH AUG 28 1940 (a) County <u>Bingham</u> (b) City <u>Eagle Rock</u> (c) Street Address or R.F.D. No. <u>R.F.D.</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. In THIS county. <u>4</u> years. _____ months. _____ days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State. <u>Idaho</u> (b) County. <u>Bingham</u> (c) City <u>Eagle Rock now Idaho Falls</u> (d) Street Address or R.F.D. No. <u>Ranch</u> (e) How long has MOTHER lived in Idaho? <u>4</u> yrs. (f) Mother's mailing address. <u>Eagle Rock</u>
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4. FULL NAME OF CHILD <u>DeForrest Gordon Briggs</u>	5. Date of Birth <u>July 30th 1891</u> (Month, day, year)
6. Sex <u>Male</u>	8. No. months of Pregnancy <u>9 mo</u>
7. Twin or Triplet _____	9. Legitimate? <u>Yes</u>
If so—born 1st, 2nd, 3rd _____	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Burdice James Briggs</u>	16. FULL MAIDEN NAME <u>Isabell Williamson Gordon Briggs</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>	12. Age at time of THIS birth <u>39</u> yrs.	18. Age at time of THIS birth <u>23</u> years
13. Birthplace <u>Bellevue Nebraska</u> (City or town) (State or foreign country)	19. Birthplace <u>Castle Douglas, Scotland</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Attorney at Law</u>	20. Exact Occupation <u>House Wife</u>		
15. Industry or Business _____	21. Industry or Business _____		

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related to this child as _____
(born alive, stillborn) (First name) (Last name)
(Mother, etc.)
Aug 28 Mae G. Atwood
(Date received) (Registrar's signature)
26. (a) Aug 28 **(b)** Mae G. Atwood
(Date received) (Registrar's signature)
27. Given name DeForrest **of** Vital Statistics
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. or _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of Washington }
County of Kitsap } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am Related (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Larus (Name of attendant at birth) who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

DeForrest Gordon Briggs as Uncle (Name of person on certificate above) (State relationship or acquaintance)
Collyford S. Briggs _____ Name
_____ P. O. Address
Subscribed and sworn to before me on this 1st day of August 1940
(SEAL) W. W. Oakley Notary Public, residing at Premier, Wash.

AUG 23 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Such certified copy requires an advance payment of fifty cents, money order or coin.

497103006 719
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

293088 298088
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>SEP 5 1940</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county years months days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>12</u> yrs. (f) Mother's mailing address <u>Blackfoot, Idaho</u>	
4. FULL NAME OF CHILD <u>Smith Ralph Dippel</u>		5. Date of Birth (Month, day, year) <u>1-31-1891</u>	
6. Sex <u>male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>1st, 2nd, 3rd</u>		9. Legitimate? <u>9</u>	
FATHER OF CHILD 10. FULL NAME <u>Henry Clarence Dippel</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>36</u> yrs. 13. Birthplace <u>Sacramento Calif</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Louella May Passerus</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> years 19. Birthplace <u>Yarene Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....			

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

26. (a) Sep 5 1940 (b) Mae J. Atwood
(Date received) (Registrar's signature)
27. Given name added on..... by Bureau of Vital Statistics
(Registrar's signature)

25. Attendant's
OWN signature..... M.D. or.....
(D.O., Midwife, etc.)
and address..... Date.....

State of Oregon } ss.
County of Multnomah }
Louella May Dippel, being first duly sworn, say that I am..... mother of
Smith Ralph Dippel as..... (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts
contained therein are true to the best of my knowledge. I further state that August Bailey, who attended
said birth..... (Name of attendant at birth)
is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)
Louella May Dippel Name
..... P. O. Address
.....
Subscribed and sworn to before me on this 21st day of Aug 1940
Wm. J. Dawson Notary Public, residing at Portland, Ore.
(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

135 730032643

PLACE OF BIRTH

County of Lincoln
City of Shoshone
No. Home St.

SEP 7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 430 State File No. 298118

(If born in hospital or institution give name.) Prim. Registration District No. _____ Loca^l Registrar's No. D#3

2. FULL NAME OF CHILD Russell Lowell Alexander

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature yes 7. Legiti-
mate? yes 8. Date of birth May 30, 1891
(Month, Day, Year)

9. Full name FATHER Thomas Franklin Alexander

10. Residence (usual place of abode) Methodist Parsonage
(If non-resident, give place and State) Shoshone, Idaho

11. Color or race White 12. Age at last birthday 26 (years)

13. Birthplace (city or place) Braddock
(State or Country) Pa.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Methodist minister

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work May 30, 1891

17. Total time (years) spent in this work 3

18. Full maiden name MOTHER Jessie F. Fuller

19. Residence (usual place of abode) Methodist Parsonage
(If non-resident, give place and State) Shoshone, Idaho

20. Color or race White 21. Age at last birthday 27 (years)

22. Birthplace (city or place) Terre Haute, Ind.
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work May 30, 1891

26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

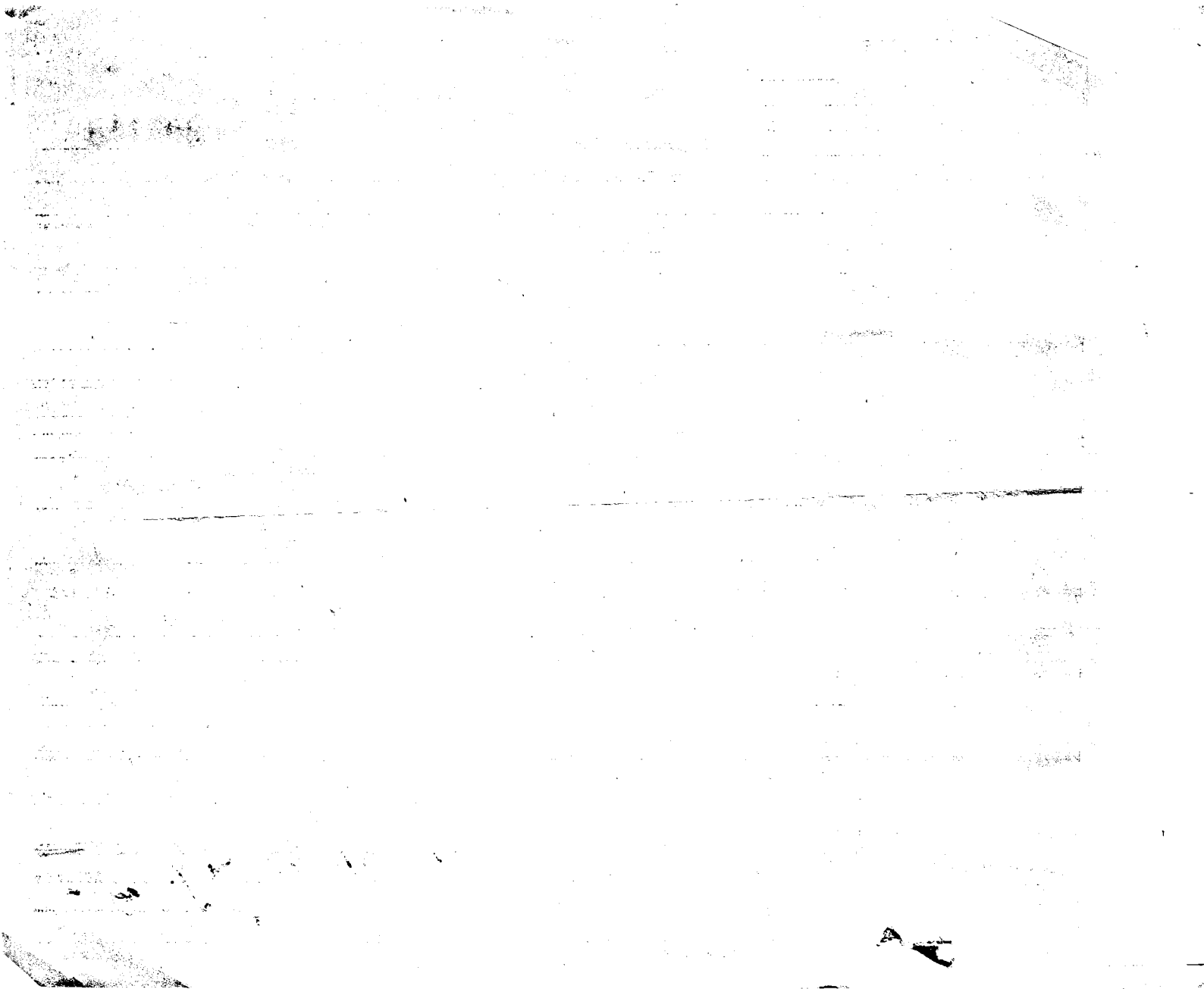
Registrar.

(Signed) Jessie F. Alexander (Mother's)

or _____ Midwife

Address New Hartford, N. Y.

Filed Sept 7, 1940 Myrtle C. Burdett
Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of New York
County of Oneida SEP 1 1940 ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Jessie F Alexander being first duly sworn says that
she is the mother of Russell Lowell Alexander
(Relationship of child)*
born May 30 1891 at Shoshone, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Jessie F Alexander desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Russell Lowell Alexander

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that I do not remember name of M. D. was the
Russell Lowell Alexander ~~Midwife~~
medical attendant at the birth of said and that
the said medical attendant is

(Now deceased (or) cannot be located)

Name of Affiant Jessie F. Alexander
P. O. Address New Hartford, N. Y.

Subscribed and sworn to before me this 3rd day of September, 1940

George H. Healy
Notary Public.
Residing at New Hartford N. Y., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1944

1944 6 10

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **298183**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Blaine (b) City Boise
(c) Street Address or R.F.D. No. 11 miles from Troy
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

SEP 12 1940

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Blaine
(c) City 11 miles from Troy
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. RESIDENCE OF FATHER (city, state) Troy, Ida.

4. FULL NAME OF CHILD Beatrice Pearl Plunkett

5. Date of Birth (Month, day, year) Aug. 22, 1891

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Y

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Robert P. Plunkett
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own farm

16. FULL MAIDEN NAME Maggie Anna Stone
17. Color or Race White 18. Age at time of THIS birth 22 years
19. Birthplace Indiana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) SEP 12 1940 (b) Mae G. Atwood
State of Idaho of V. (Registrar's signature)
27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of Idaho ss.
County of Boise

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Robert P. Plunkett, being first duly sworn, say that I am.....related to.....
Beatrice Pearl Plunkett as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended said birth....., and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this.....day of.....

(SEAL)

Robert P. Plunkett Notary Public, residing at.....
P. O. Address

EX-OFFICIO AUDITOR AND RECORDER

SEP 4 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

618 107001-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

298245
298245
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>Dairy Farm</u> (d) Name of Hospital or Maternity Home (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2</u> yrs. (f) Mother's mailing address <u>Boise, Idaho</u>	
4. FULL NAME OF CHILD <u>Donald Clarence Waymire</u>		5. Date of Birth <u>Sept 7, 1891</u> (Month, day, year)	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Clarence Horace Waymire</u>		16. FULL MAIDEN NAME <u>Amanda Elizabeth Cox</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>29</u> yrs.		18. Age at time of THIS birth <u>26</u> years	
13. Birthplace <u>Garden Grove, Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Highpoint, Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Dairy business</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u> (c) Born alive and now dead..... (d) Stillborn.....			
24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date..... and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, etc.) (First name) (Last name)			
26. (a) <u>Sept. 16, 1940</u> (Date received)		25. Attendant's OWN signature <u>Mae E. Atwood</u> M.D. or..... (D.O., Midwife, etc.)	
27. Given name added on <u>Bureau of Vital Statistics</u> by <u>State of Idaho</u> (Registrar's signature)		and address <u>Boise, Idaho</u> Date	

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, S. R. Waymire, being first duly sworn, say that I am related to Donald Clarence Waymire as Uncle whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Callister, who attended said birth now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 17th day of September, 1940

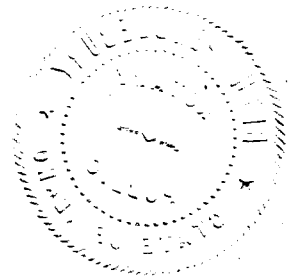
(SEAL)

Beth A. Callister Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-228-035-214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

295284 298284

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:(a) County..... (b) City..... Janey

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: SEP 16 1940

In Hosp. or Mat. Home..... days.

In **THIS** county..... years..... months..... days.**2. USUAL RESIDENCE of MOTHER: (Always fill in these)**

(a) State..... (b) County.....

(c) City.....

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho?..... yrs.

(f) Mother's mailing address.....

3. RESIDENCE OF FATHER (city, state).....**4. FULL NAME OF CHILD**Bessie Agnes Williams**5. Date of Birth**(Month, day, year) October 28, 1891**6. Sex**Female**7. Twin or Triplet**-**If so—born 1st, 2nd, 3rd**-**8. No. months of Pregnancy**9**9. Legitimate?**yes**FATHER OF CHILD****10. FULL NAME**Orville Percy Williams**11. Color or Race**white**12. Age at time of THIS birth**46 yrs.**13. Birthplace**(City or town) Illinois

(State or foreign country)

14. Exact Occupationminister**15. Industry or Business****MOTHER OF CHILD****16. FULL MAIDEN NAME**Jennie Rhoda Saunders**17. Color or Race**white**18. Age at time of THIS birth**42 years**19. Birthplace**(City or town) Darien(State or foreign country) New York**20. Exact Occupation**Housewife**21. Industry or Business****22. Name prophylactic used to prevent Ophthalmia Neonatorum****23. Number of children of this mother:** (a) At time of birth and including this child... 5..... (b) Born alive and now living... 4.....(c) Born alive and now dead..... (d) Stillborn... 1.....**24. I HEREBY CERTIFY** That I attended the birth of this child, who was..... at.....

(born alive, stillborn)

M. on the date

and at the place stated above, and that personal particulars were furnished by..... who is related to this child as.....

(Mother, etc.)

26. (a).....**(b).....**Mae G. Alwood

(Registrar's signature)

25. Attendant's**OWN signature**Ruth W. Sanford

(D.O., Midwife, etc.)

27. Given name added onSEP 16 1940by State ofand address Little Geneva N.Y.**State of**Pennsylvania

ss.

County ofBerga**AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.**I, Ruth W. Sanford**....., being first duly sworn, say that I am.....

(Related to (or) acquainted with)

Bessie Agnes Williams....., whose birth certificate

(Name of person on certificate above)

(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended

said birth..... and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

X Ruth W. Sanford

Name

Little Geneva N.Y.

P. O. Address

Subscribed and sworn to before me on this..... day of.....

(SEAL)

MY COMMISSION EXPIRES.....

FIRST MONDAY IN JANUARY 1941

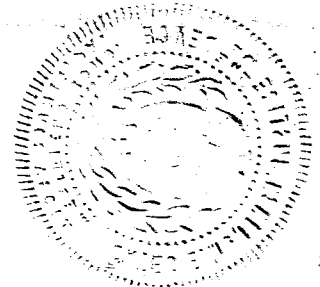
residing at Wingfield Pa

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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365-22000/844

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

298361

298361

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County... Ada..... (b) City... Meridian.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... Idaho..... (b) County..... Ada.....
(c) City..... Meridian.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state)..... Meridian, Ida.

4. **FULL NAME OF CHILD**..... Irene May Lovelace.....
5. Date of Birth
(Month, day, year)..... June 20, 1891.....
6. Sex Female.....
7. Twin or Triplet.....
8. No. months of Pregnancy.....
9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME**..... Charles Sumner Lovelace.....
11. Color or Race..... white.....
12. Age at time of THIS birth..... 34.....yrs.
13. Birthplace..... Cherry Tree, Pennsylvania.....
(City or town) (State or foreign country)
14. Exact Occupation..... Farming & Blacksmith.....
15. Industry or Business.....
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME**..... Ada Blancha Humphrey.....
17. Color or Race..... white.....
18. Age at time of THIS birth..... 23.....years
19. Birthplace..... Macquon, Illinois.....
(City or town) (State or foreign country)
20. Exact Occupation..... Housewife.....
21. Industry or Business..... School Teacher.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... 3..... (b) Born alive and now living..... 3.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... born alive..... at..... 3:00..... PM. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by..... Blanche H. Tallinger....., who is related to this child as..... Mother.....
(First name) (Last name)
25. Attendant's OWN signature..... M.D. or.....
(D.O., Midwife, etc.)
26. (a)..... 9/23/1940..... (b)..... Mae G. Atwood.....
(Date received) (Registrar's signature)
27. Given name added on..... Bureau of Vital Statistics.....
(Registrar's signature)
- and address..... Date.....

State of..... Idaho..... } ss.
County of..... Ada.....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Blanche H. Tallinger....., being first duly sworn, say that I am..... related to.....
(Related to (or) acquainted with)
Irene May Lovelace..... as..... Mother....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... the father....., who attended
(Name of attendant at birth)
said birth..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Blanche H. Tallinger..... Name
..... 704 Franklin St., Boise, Idaho..... P. O. Address

Subscribed and sworn to before me on this..... 21..... day of..... September, 1940.....

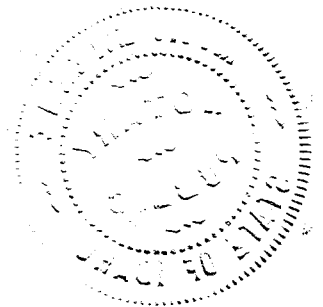
(SEAL)

Notary Public, residing at..... Boise, Idaho.....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

816710 001 556
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

270581
State File No. **238881**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County... Ada (b) City... Boise (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home... days. In THIS county... years... months... days.	2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State... Idaho (b) County... Ada (c) City... Boise (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho?... yrs. (f) Mother's mailing address. 3. RESIDENCE OF FATHER (city, state)... Boise, Ida.
---	---

4. FULL NAME OF CHILD ... Howard Earl Haworth 5. Date of Birth (Month, day, year)... June 10, 1891 6. Sex ... Male 7. Twin or Triplet 8. No. months of Pregnancy 9. Legitimate? Yes
--

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME ... Sylvanus Haworth	16. FULL MAIDEN NAME ... Emma May Lewis		
11. Color or Race ... white	17. Color or Race ... white	12. Age at time of THIS birth ... 26 yrs.	18. Age at time of THIS birth ... 25 years
13. Birthplace ... Warren County, Iowa (City or town) (State or foreign country)	19. Birthplace ... Earlham, Iowa (City or town) (State or foreign country)		
14. Exact Occupation ... Farmer	20. Exact Occupation ... Housewife		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child... **1** (b) Born alive and now living... **1**
(c) Born alive and now dead... (d) Stillborn...

24. I HEREBY CERTIFY That I attended the birth of this child, who was... **born alive** at... M. on the date...
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by... who is related to this child as...
(Mother, etc.) (First name) (Last name)

26. (a) Sept. 4, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)	25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.) and address Date
---	--

State of... **Idaho** } ss.
County of... **Ada**

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I... **Sylvanus Haworth**... being first duly sworn, say that I am... **related to**...
(Name of person on certificate above) (Related to (or) acquainted with)
... **Howard Earl Haworth**... as... **father**... whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that... **Dr. Bowers**... who attended
(Name of attendant at birth)
said birth... **deceased**... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Sylvanus Haworth Name
Star, Idaho P. O. Address

Subscribed and sworn to before me on this... **4th**... day of... **September, 1940**...
(SEAL) **Beth Pendlebury** Notary Public, residing at... **Boise, Idaho**

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Custer
City of Antelope
No. None St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299747

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Hazel Bell Burnett

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth June 14, 1891
5. Number, in order of birth _____ Full term Yes (Month, Day, Year)

9. Full name Daniel McArthur Burnett

18. Full maiden name MOTHER Hannah Jane Heath

10. Residence (usual place of abode)
(If non-resident, give place and State) Antelope

19. Residence (usual place of abode)
(If non-resident, give place and State) Antelope

11. Color or race White 12. Age at last birthday 31 (years)

20. Color or race White 21. Age at last birthday 26 (years)

13. Birthplace (city or place)
(State or Country) Brooklyn New York

22. Birthplace (city or place)
(State or Country) Ogden Valley Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own home

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work June 14, 1888
17. Total time (years) spent in this work 12

25. Date (month and year) last engaged in this work June 14, 1888
26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 8 (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

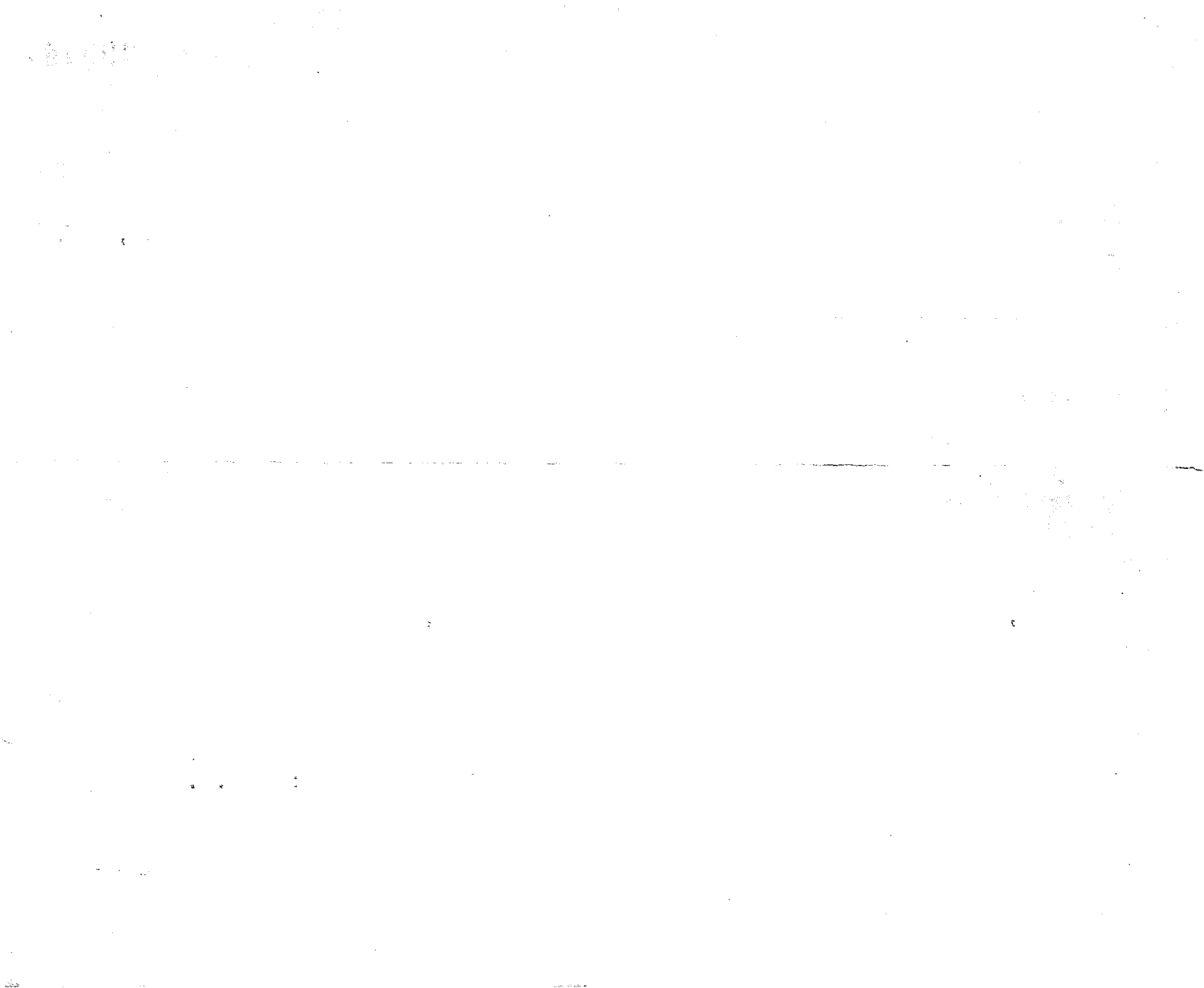
Registrar.

(Signed) _____ M. D.
or Hannah Jane Burnett Mother ###

Address _____

Filed 9/27

Mar E. Atwood
Bureau of Vital Statistics Registrar.



249-214-019-851

STATE OF IDAHO
C.A. Bottolfson [REDACTED], GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California }
County of Los Angeles } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Hannah Jane Burnett being first duly sworn says that
she is the Mother of Hazel Bell Burnett
(Relationship of child)*
born June 14, 1891 at Antelope, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Hazel Bell Burnett

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Joan Beaverland ~~was~~ ^{is} was the
Midwife
medical attendant at the birth of said Hazel Bell Burnett and that
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Hannah Jane Burnett
P. O. Address 18723 Erwin St. Reseda California

Subscribed and sworn to before me this 20th day of February, 1939

Donald J. Munroe
Notary Public.
Residing at My Commission Expires November 16, 1942, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

299750

RECEIVED
STATE OF IDAHO
CERTIFICATE OF BIRTH

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County... Canyon (b) State... Idaho (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: at home days. months. days. In Idaho or Mat. Home. In THIS county... years. months. days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State... Idaho (b) County... Canyon (c) City... Emmett (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? 25 yrs. (f) Mother's mailing address... Emmett

3. RESIDENCE OF FATHER (city, state) Emmett, Ida

4. FULL NAME OF CHILD Ellen McCrossin 5. Date of Birth (Month, day, year) Oct. 16, 1891

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William McCrossin 11. Color White 12. Age at time of THIS birth 26 yrs. 13. Birthplace Emmett Idaho (City or town) (State or foreign country) 14. Exact Occupation FARMER 15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Stewart McCrossin 17. Color White 18. Age at time of THIS birth 25 years 19. Birthplace Falks Store, Idaho (City or town) (State or foreign country) 20. Exact Occupation House wife 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child... 1 (b) Born alive and now living... 4 (c) Born alive and now dead... (d) Stillborn...

24. I HEREBY CERTIFY That I attended the birth of this child, who was... at... M. on the date and at the place stated above, and that personal particulars were furnished by... who is related to this child as... (Mother, etc.) (First name) (Last name)

26. (a) Sep. 20, 1940 (b) Mae L. Atwood 25. Attendant's OWN signature... M.D. or (D.O., Midwife, etc.) and address Date

27. Given name Ellen of Emmett (Residence)

State of Idaho } ss.
County of Gem

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John B. Davies, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Ellen McCrossin as a Friend (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ellen Davies, my wife (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 18th day of September 1940

(SEAL)

John B. Davies Name
Emmett, Idaho P. O. Address
Clerk of the District Court
residing at Emmett, Idaho

6/12/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Genesee, Idaho
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Esther Marie Pearson

3. Sex female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth Aug. 2, 1891 (Month, Day, Year)

9. Full name FATHER

Nels Peter Pearson

10. Residence (usual place of abode)
(If non-resident, give place and State) Genesee, Idaho

11. Color or race white 12. Age at last birthday 36 (years)

13. Birthplace (city or place)
(State or Country) Grefvise Skone, Sweden

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work 15

18. Full maiden name MOTHER

Johanna Gustava Ruberg

19. Residence (usual place of abode)
(If non-resident, give place and State) Genesee, Idaho

20. Color or race white 21. Age at last birthday 27 (years)

22. Birthplace (city or place)
(State or Country) Vesterjotland, Sweden

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)

5

(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Oct. 16, 1940 Mae L. Atwood

Registrar.

Bureau of Vital Statistics

Registrar.

APR 20 1942

RECORD

RECORD

67

APR 20 1942

751-202029-442

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ Oregon
County of ~~Idaho~~ Multnomah

ss.

OCT 16 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Johanna Pearson being first duly sworn says that
she is the mother of Esther Marie Pearson
(Relationship of child)*
born Aug. 2, 1891 at Genesee, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mrs. Johanna Pearson desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Esther Marie Pearson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that M. D. was the
medical attendant at the birth of said Midwife and that
the said medical attendant is and that

(Now deceased (or) cannot be located)

Name of Affiant Mrs. Johanna Pearson

P. O. Address 3122 N.E. 8 Ave. Portland, Oregon

Subscribed and sworn to before me this 17th day of August, 1938

Arthur H. Nier

Notary Public.

Residing at Portland, Oregon

My Comm. expires June 7, 1940

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1040

1040

1040

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **299968**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County... Boise (b) City... Ida. City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State... Idaho (b) County... Boise
(c) City... Idaho City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state) Ida. City, Ida

4. **FULL NAME OF CHILD**..... Elmer Edmund Church
5. Date of Birth
(Month, day, year)..... June 14, 1891
6. Sex. Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME**..... Frank Forrester Church
11. Color or Race..... white 12. Age at time of THIS birth. 41 yrs.
13. Birthplace..... Cherryfield, Maine
(City or town) (State or foreign country)
14. Exact Occupation..... Banker
15. Industry or Business.....
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME**..... Mary Elizabeth Barry
17. Color or Race..... white 18. Age at time of THIS birth. 33 years
19. Birthplace..... Stockton, California
(City or town) (State or foreign country)
20. Exact Occupation..... Housewife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child... 4th (b) Born alive and now living 4
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

- (Mother, etc.) Mae G. Atwood
26. (a) Oct. 16, 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)
27. Given name added on.....by.....
(Registrar's signature)
25. Attendant's
OWN signature.....M.D. or
(D.O., Midwife, etc.)
and address.....Date.....

State of..... Idaho } ss.
County of..... Ada

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Evangelina Church, being first duly sworn, say that I am.....related to.....
(Name of person on certificate above) (Related to (or) acquainted with)
Elmer Edmund Church as.....Older Sister, whose birth certificate
(State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that.....Dr. A. C. Lippencoott, who attended
(Name of attendant at birth)
sa birth.....now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this.....

16th day of.....October, 1940

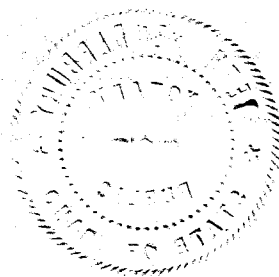
Notary Public, residing at.....Boise, Idaho

(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH: (a) County..... <u>Power</u> (b) City <u>Rockland</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Born at residence</u> <u>OCT 11 1940</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home..... days. In THIS county..... <u>5</u> years..... months..... days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State..... <u>Idaho</u> (b) County..... <u>Power</u> (c) City..... <u>Rockland</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>42</u> yrs. (f) Mother's mailing address..... <u>Logan, Utah</u>	
4. FULL NAME OF CHILD <u>Earl Hutchinson</u>		5. Date of Birth <u>Sept. 17, 1891</u> (Month, day, year)	
6. Sex. <u>Male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet		9. Legitimate? <u>Yes</u>	
If so—born 1st, 2nd, 3rd			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>David Langdon Hutchinson</u>		16. FULL MAIDEN NAME <u>Sarah Budge</u>	
11. Color <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth. <u>39</u> yrs.		18. Age at time of THIS birth. <u>25</u> years	
13. Birthplace. <u>Salt Lake City, Utah</u> (City or town) (State or foreign country)		19. Birthplace. <u>Ogden Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Carpenter & farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child..... <u>4</u> (b) Born alive and now living..... <u>3</u> (c) Born alive and now dead..... <u>1</u> (d) Stillborn..... <u>none</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) 10-11-40 (b) Mae G. Atwood 25. Attendant's
(Date received) (Registrar's signature) **OWN signature**..... M.D. or.....
(D.O., Midwife, etc.)

27. Given name added on..... by..... and address.....
(Registrar's signature)

State of Utah }
County of Cache } ss.

I, Sarah B. Hutchinson....., being first duly sworn, say that I am the mother of Earl Hutchinson..... as mother.....
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... Louise Walker....., who attended said birth..... is deceased..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Sarah Budge Hutchinson..... Name
..... P. O. Address

Subscribed and sworn to before me on this 5th day of October 1940
(SEAL) Wm. B. Hunt Notary Public, residing at Logan Utah

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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367 124 014 814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **301270**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County **Blaine** (b) City **Caldwell**
(c) Street Address or R.F.D. No. **Blaine St.**
(d) Name of Hospital or Maternity Home: **At home**
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county. years **10** months **18** days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State **Kansas** (b) County **Wilson**
(c) City **Fredonia**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **1** yrs.
(f) Mother's mailing address **Caldwell, Idaho.**

3. **RESIDENCE OF FATHER** (city, state) **Caldwell, Idaho.**

4. **FULL NAME OF CHILD** **Ralph Lester Cox**

5. Date of Birth **Jan. 24, 1891**
(Month, day, year)

6. Sex.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**

9. Legitimate? **Yes**

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME Jasper N. Cox		16. FULL MAIDEN NAME Anna Marie Hauri	
11. Color or Race white	12. Age at time of THIS birth 23 yrs.	17. Color or Race white	18. Age at time of THIS birth 18 years
13. Birthplace Fredonia, Kansas (City or town) (State or foreign country)		19. Birthplace Seangen, Switzerland. (City or town) (State or foreign country)	
14. Exact Occupation Farmer		20. Exact Occupation Housewife.	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**
(c) Born alive and now dead **0** (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) **10-25-40** (b) **Mac G. Atwood**
(Date received) (Registrar's signature)

25. Attendant's **OWN** signature M.D. or
(Name of attendant at birth) (D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature) and address Date

State of **CALIFORNIA** }
County of **Riverside** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Anna Marie Cox**, being first duly sworn, say that I am **related to**
Ralph Lester Cox as **his mother** (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Dr. Lee, M. D.**, who attended said birth **is now deceased** and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Anna Marie Cox Name
2807 Madison St., Riverside, Calif. P. O. Address
19th day of **October, 1940.**

Subscribed and sworn to before me on this day of
(SEAL) **Notary Public**, residing at **Riverside, Calif.**

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

362127 040434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

361273 301273
State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Wardner
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Parents home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county 4 years 4 months 2 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 4 1/3 yrs.
(f) Mother's mailing address Wardner Ida

3. **RESIDENCE OF FATHER** (city, state) " "

4. **FULL NAME OF CHILD** Francis Matthew Casgriff
5. Date of Birth (Month, day, year) Apr. 27, 1891
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 mths 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** David Casgriff
11. Color White 12. Age at time of THIS birth 35 yrs.
or Race _____ of THIS birth _____
13. Birthplace Robert's, Calais, Can.
(City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business mining

MOTHER OF CHILD
16. **FULL MAIDEN NAME** David McMahon
17. Color White 18. Age at time of THIS birth 33 years
or Race _____ THIS birth _____
19. Birthplace Newmarket (Co. Cork)
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5-2
(c) Born alive and now dead 5-2 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ A.M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Oct 28, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
25. Attendant's **OWN signature** _____ M.D. or _____ (D.O., Midwife, etc.)
27. Given name Francis of Wardner (City or town) and address _____ Date _____
(Registrar's signature)

State of _____ } ss.
County of _____ }
I, AnnIE Casgriff, being first duly sworn, say that I am related to Francis Matthew Casgriff as his mother (Related to (or) acquaintances with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. David, who attended said birth, cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 18 day of Oct. 1940.
(SEAL) James Kerr Notary Public, residing at 4428 West 11th Ave. Vancouver B.C.
Francis Casgriff Name
4428 West 11th Ave. Vancouver B.C. P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-216-029-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301289
State File No. 301289
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. on farm
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 19 days.
In **THIS** country 19 years 19 months 19 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Clarkston
(c) City Clarkston
(d) Street Address or R.F.D. No. 621-7th St
(e) How long has **MOTHER** lived in Idaho? 57 yrs.
(f) Mother's mailing address Idaho

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Precious Sylvia Ross

5. Date of Birth Nov 16 - 1891
(Month, day, year)

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9**9. Legitimate?** Yes**FATHER OF CHILD**

10. FULL NAME William Winfield Scott Ross
11. Color White **12. Age at time**
or Race White **of THIS birth** 37 yrs.
13. Birthplace Boone Co Kentucky
(City or town) (State or foreign country)
14. Exact
Occupation Farmer
15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Jane King
17. Color or White **18. Age at time of**
Race White **THIS birth** 30 years
19. Birthplace Benton Co. Arkansas
(City or town) (State or foreign country)
20. Exact
Occupation Housewife
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn 2 1 unknown as to being dead or alive

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Martha Jane King, who is
related to this child as (Mother) (First name) (Last name)

26. (a) Oct. 26, 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)

25. Attendant's
OWN signature M.D. or
(D.O., Midwife, etc.)

27. Given name added on Bureau of Vital Statistics
(Registrar's signature)

and address Date

State of Idaho } ss.
County of Nez Perce

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

Martha Jane Ross, being first duly sworn, say that I am mother of
(Related to (or) acquainted with)
Precious Sylvia Ross Berger as mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Mrs. Sullivan, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded
(Is now deceased (or) cannot be located)

Martha Jane Ross Name
621-7th St. Clarkston, Wash. P. O. Address

Subscribed and sworn to before me on this 21st day of October, 1940

(SEAL)

Notary Public, residing at Lewiston, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

301432

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County. Latah (b) City. Troy
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. 40 days.
In THIS county. 4 years. months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Latah
(c) City. near Troy
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address. Troy, Idaho
3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Cleo C. Billups
5. Date of Birth (Month, day, year) Nov. 23, 1991
6. Sex. Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|---|--|
| 10. FULL NAME <u>John W. Billups</u> | 16. FULL MAIDEN NAME <u>Rhoda C. Farmer</u> | | |
| 11. Color or Race <u>White</u> | 17. Color or Race <u>White</u> | 12. Age at time of THIS birth. <u>33</u> yrs. | 18. Age at time of THIS birth. <u>33</u> years |
| 13. Birthplace. <u>Hubbard, West Virginia</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Jeffersonville, Virginia</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business <u>Farming</u> | 21. Industry or Business <u>None</u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 5 (b) Born alive and now living. 5
(c) Born alive and now dead. none (d) Stillborn. none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother's signature) (First name) (Last name)

26. (a) Nov. 1, 1940 (b) Mae G. Atwood
(Date registered) (Registrar's signature)
27. Given name added on.....by.....
(Registrar's signature)
25. Attendant's
OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address.....Date.....

State of.....California } ss.
County of.....Butte

I, Rhoda C. Billups, being first duly sworn, say that I am.....related to.....
Cleo G. Billups as.....Mother of Cleo C. Billups.....
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....midwife....., who attended said birth.....is now deceased.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Mrs. Rhoda C. Billups Name
282 East 8th St., Chico, California P. O. Address

Subscribed and sworn to before me on this.....28th day of.....October, 1940
(SEAL).....M. E. P. [Signature] Notary Public, residing at.....Chico, California

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

593-222029-417

301481

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County <u>Parah</u> (b) City <u>Palouse</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State..... (b) County..... (c) City..... (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (f) Mother's mailing address.....	
4. FULL NAME OF CHILD <u>Dona Naomi Ellen Vickrey</u>		5. Date of Birth <u>Feb 23-1891</u> (Month, day, year)	
6. Sex <u>Female</u>	7. Twin or Triplet <u>X</u>	8. No. months of Pregnancy <u>9 mo</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Shadrack Mumrse Vickrey</u>		16. FULL MAIDEN NAME <u>Cora Mae Tullock</u>	
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>29</u> yrs.		17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>21</u> years	
13. Birthplace <u>Pack Co; Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Lee Co; Illinois</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>11</u>		21. Industry or Business <u>"</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>4</u> (c) Born alive and now dead <u>X</u> (d) Stillborn <u>X</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Farm</u> at <u>Palouse</u> M. on the date <u>Oct 26, 1940</u> and at the place stated above, and that personal particulars were furnished by <u>Mother</u> who is related to this child as <u>mother</u> (First name) (Last name)			
26. (a) <u>Oct 26, 1940</u> (Date received)		25. Attendant's OWN signature <u>Mae G. Atwood</u> M.D. or <u>(D.O., Midwife, etc.)</u>	
27. Given name added on <u>by</u> <u>Mae G. Atwood</u> (Registrar's signature)		and address <u>Palouse</u> Date <u>Oct 26, 1940</u>	

State of Montana } ss.
County of Fergus

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora Mae Tullock, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Dona Naomi Ellen Vickrey as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dark (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 26 day of October, 1940.

(SEAL)

Cora Mae Tullock Name
Heviestown, Montana P. O. Address
Notary Public for the State of Montana, Residing at Heviestown, Mont.
My Commission Expires July 9, 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

367 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301579

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county. years. months. days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 60 yrs.
(f) Mother's mailing address Salmon, Idaho

3. **RESIDENCE OF FATHER** (city, state) Salmon, Idaho

4. **FULL NAME OF CHILD** Ralph David Edwards

5. Date of Birth (Month, day, year) June 2 - 1891

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edgar Samuel Edwards

11. Color or Race White 12. Age at time of THIS birth 55 yrs.

13. Birthplace Buffalo, New York
(City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business Hotel

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Cox

17. Color or Race White 18. Age at time of THIS birth 40 years

19. Birthplace Massachusetts
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) Nov. 12, 1940 (b) Mae G. Atwood
(Date) (Name)
Bureau of Vital Statistics (Registrar's signature)

27. Given name added on by
(Registrar's signature)

25. Attendant's **OWN** signature M.D. or
(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Lemhi

I, Katherine E. Spellman, being first duly sworn, say that I am related
Ralph David Edwards as sister (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. H. Kenney, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Katherine E. Spellman Name
Carmen Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of November, 1940
(SEAL) Notary Public
Notary Public, residing at Salmon, Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

652112-036-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 30 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302943

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Carida (b) City Preston
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 25 years month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Carida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address 2816 Liberty Ave

4. FULL NAME OF CHILD Walter West
6. Sex Male 7. Twin or Triplet one If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day, year) Feb. 12-1891

8. No. months of Pregnancy 9 mo 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chas. Worington West
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Ogden Ut. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Y

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Porter West
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Salt Lake City Ut. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business 7 Home Mrs. Swan Midwife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Attended by Mother + Midwife
23. Number of children of this mother: (a) At time of birth and including this child 85 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 10 P. M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Mrs. Margaret West who is related to this child as Mother (First name) (Last name)

26. (a) Nov. 30, 1940 (Date received) (b) Mrs. G. Atwood (Registrar's signature)
Bureau of Vital Statistics
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Both Attendants (Dead) M.D. (D.O., Midwife, etc.) and address was Preston Idaho Date _____

State of Utah } ss.
County of Wasatch

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret West, being first duly sworn, say that I am the mother related to Walter West (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Swan (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Margaret West Signature
2816 Liberty Ave P. O. Address

Subscribed and sworn to before me on this 26th day of November, 1940 at Ogden Utah
(SEAL) Mabel Peterson Notary Public, residing at Ogden Utah
my commission expires Dec. 21-1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-129 829000

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **302988**

DEC 3 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Latah (b) City MOSCOW
(c) Street Address or R.F.D. No. 631 Dekin
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City MOSCOW
(d) Street Address or R.F.D. No. 631 Dekin
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address 631 Dekin
3. **RESIDENCE of FATHER** (city, state) MOSCOW, Idaho

4. **FULL NAME OF CHILD** Claude Estle Brown

5. Date of Birth (Month, day, year) July 29 1891

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** John V. Brown
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Louisville, Ky
(City or town) (State or foreign country)
14. Exact Occupation Brick-maker
15. Industry or Business Brick-making

16. **FULL MAIDEN NAME** Rebecca
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Kentucky
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Dec. 3, 1940 (Mother's etc.) (b) Max G. Atwood (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ Bureau of Vital Statistics (Registrar's signature)

State of Idaho } ss.
County of Butte

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank L. Brown, being first duly sworn, say that I am a brother (Related to (or) acquainted with)
Claude E. Brown as a brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frank Adams (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 30th day of November, 19 40
(SEAL) J. D. Morten Notary Public, residing at Arco, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 3 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **302992**
Local Reg. No. **1262**
Reg. Dist. No. **200**

1. PLACE OF BIRTH: (a) County <u>Latah</u> (b) City <u>Masson</u> (c) Street Address or R.F.D. No. <u>Jefferson</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county <u>3</u> years <u>6</u> months _____ days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Masson</u> (d) Street Address or R.F.D. No. <u>Jefferson</u> (e) How long has MOTHER lived in Idaho? <u>3 1/2</u> yrs. (f) Mother's mailing address <u>Masson, Idaho</u>	
4. FULL NAME OF CHILD <u>Willis Rathbun</u>		5. Date of Birth (Month, day, year) <u>June 14, 1891</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>-</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Carastus A. Rathbun</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Masson</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Laborer and Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Julia M. Larabee</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24</u> years 19. Birthplace <u>Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Own home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Unknown</u> 23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>9:45 PM</u> on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.) (First name) (Last name) 26. (a) <u>11-30-40</u> (b) <u>Harry E. Arnold</u> (Date received) (Registrar's signature) 27. Given name added on _____ by _____ (Registrar's signature)			
25. Attendant's OWN signature _____ M.D. or _____ (D.O., Midwife, etc.) and address _____ Date _____			

State of Idaho } ss.
County of Latah

I, Lola E. Arnold, being first duly sworn, say that I am related (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Louisa Maria Larabee who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 20 day of November - 1940

(SEAL)

Martin S. Muehly Notary Public, residing at Masson, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

437221 032-213

303015

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

DEC 4 1940

1. PLACE OF BIRTH: (a) County <u>Lincoln</u> (b) City <u>SHOSHONE</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days In THIS county.....years.....months.....days.	2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Various</u> (c) City <u>SHOSHONE, Weiser, Idaho Falls</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (f) Mother's mailing address..... 3. RESIDENCE OF FATHER (city, state).....
---	---

4. FULL NAME OF CHILD <u>Maud McPherson</u>	5. Date of Birth (Month, day, year) <u>May 21, 1891</u>		
6. Sex <u>female</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Hunter McPherson</u>	11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>34</u> yrs.	13. Birthplace <u>Chicago, Illinois</u>
14. Exact Occupation <u>Clergyman</u>	15. Industry or Business	16. FULL MAIDEN NAME <u>Maria Louise Baldwin</u>	17. Color or Race <u>White</u>
18. Age at time of THIS birth <u>32</u> years	19. Birthplace <u>Oconomowoc Wisconsin</u>	20. Exact Occupation <u>Housewife</u>	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living.....
(c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, Mae G. Atwood) (First name) (Last name)

26. (a) <u>December 4, 1940</u> (Date received)	(b) <u>Mae G. Atwood</u> (Registrar's signature)	25. Attendant's OWN signature.....M.D. or.....(D.O., Midwife, etc.)
27. Given name added on.....by..... <u>Bureau of Vital Statistics</u>		and address.....Date.....

State of California ss.
County of Riverside

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

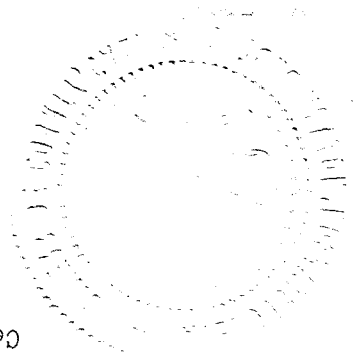
I, Mabel M. Pherson Egolund, being first duly sworn, say that I am.....related to.....
(Name of person on certificate above) as Cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended said birth.....and that this birth has not been previously recorded.....
(Name of attendant at birth)
(Is now cannot be located) (or cannot be located)

Subscribed and sworn to before me on this 25th day of November 1940
(SEAL) Mabel M. Pherson Egolund Name
Elaine P. O. Address
Notary Public, residing at Elaine, Calif.
NOTARY PUBLIC
for the County of Riverside, State of California

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 5

1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **303036**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County..... (b) City..... Lenzie
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. H. 11 days
In THIS country..... 3 years..... months..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State..... Idaho (b) County..... Kootenai
(c) City..... Lenzie
(d) Street Address or R.F.D. No..... about 20
(e) How long has MOTHER lived in Idaho..... yrs.
(f) Mother's mailing address..... Lenzie
3. RESIDENCE OF FATHER (city, state)..... 15

4. FULL NAME OF CHILD..... Hiram Fletcher Harkness

5. Date of Birth (Month, day, year)..... Oct. 18 1939

6. Sex..... 7. Twin or Triplet..... If so—born 1st, 2nd, 3rd.....

8. No. months of Pregnancy..... 9 9. Legitimate?..... Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME..... Hiril Mattson Harkness
11. Color or Race..... white 12. Age at time of THIS birth..... 27 yrs.
13. Birthplace..... Hidenight Ho. California
(City or town) (State or foreign country)
14. Exact Occupation..... Farmer
15. Industry or Business.....

16. FULL MAIDEN NAME..... Ella May Bangs
17. Color or Race..... white 18. Age at time of THIS birth..... 24 years
19. Birthplace..... Thousand Oaks Cal.
(City or town) (State or foreign country)
20. Exact Occupation..... House Wife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... 4 (b) Born alive and now living..... four
(c) Born alive and now dead..... two (d) Stillborn..... none

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... born alive, stillborn M. on the date.....
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother's name) (First name) (Last name)

26. (a) Dec. 5, 1940 (Date received) (b) Mae G. Atwood (c) Seal (d) Seal
27. Given name added on..... by..... (Registrar's signature)

25. Attendant's OWN signature..... Lead M.D. or.....
and address..... Moscow Idaho Date.....

State of..... Washington } ss.
County of..... King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lotie Grecker Reeder, being first duly sworn, say that I am..... cousin (Related to (or) acquainted with)
Hiram Fletcher Harkness as..... cousin (State relationship or acquaintance)
whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... the physician or nurse who attended said birth..... is now deceased (or) cannot be located and that this birth has not been previously recorded.

Subscribed and sworn to before me on this..... 3rd day of..... Dec 1940
(SEAL)..... L. N. Lightfoot Notary Public, residing at..... Seata

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

381 223030-3/6

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **303082**
Local Reg. No.
Reg. Dist. No.

- | | |
|--|---|
| 1. PLACE OF BIRTH:
(a) County <u>Lemhi</u> (b) City <u>Salmon</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: <u>at home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county years months days. | 2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State <u>Idaho</u> (b) County <u>Lemhi</u>
(c) City <u>Salmon</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>9</u> yrs.
(f) Mother's mailing address <u>Salmon Idaho</u>
3. RESIDENCE OF FATHER (city, state) |
|--|---|

- | | |
|--|--|
| 4. FULL NAME OF CHILD <u>Helen Emeline Chase</u>
6. Sex <u>Female</u> 7. Twin or Triplet
8. No. months of Pregnancy <u>3rd</u> | 5. Date of Birth (Month, day, year) <u>Aug. 23, 1891.</u>
9. Legitimate? <u>Yes</u> |
|--|--|

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|-----------------|--|
| 10. FULL NAME <u>Hal H Chase</u>
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>34</u> yrs.
13. Birthplace <u>Michigan</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Teamster</u>
15. Industry or Business | 16. FULL MAIDEN NAME <u>Elizabeth Catherine Lawler</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>30</u> years
19. Birthplace <u>Leavenworth Kansas</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business | | |

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum**
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

- | | |
|--|--|
| 26. (a) (Date received) (b) <u>Mae G. Atwood</u> (Registrar's signature)
27. Given name added on of Vital Statistics (Registrar's signature) | 25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date |
|--|--|

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hal H Chase, being first duly sworn, say that I am related to Helen E Chase as Father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended said birth. and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 3rd day of Dec. 1940.
(SEAL) H. J. McAlhany Notary Public, residing at Los Angeles
My Commission Expires Nov. 17, 1942

SEP 20 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

367-206-002-219

REC-11

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 7 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **304705**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Adams (b) City Indian Valley
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home none days.
In THIS county 5 years 1 months 13 days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Washington (b) County Walla Walla
(c) City Walla Walla
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 44 yrs.
(f) Mother's mailing address Walla Walla, Wn.
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Ethel Elizabeth Logan
5. Date of Birth (Month, day, year) 8/6/91
6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Samuel Thomas Logan
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Belleview, Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Common laborer
15. Industry or Business

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Isabel Baird
17. Color White 18. Age at time of THIS birth 21 years
19. Birthplace Jackson Co., Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) Jan. 7, 1941 (Date received) (b) Mae G. Atwood (Attendant's signature)
25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date
27. Given name added on by Mae G. Atwood (Registrar's signature)

State of Washington }
County of Walla Walla } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Isabel Logan, being first duly sworn, say that I am the mother
(Name or person on certificate above) (State relationship or acquaintance)
Ethel Elizabeth Logan as daughter, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lavina Price, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 6th day of January 1941

(SEAL)

John C. Hurebpool Notary Public, residing at Walla Walla, Wn

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 120 016514

United States
Department of Commerce
Bureau of the Census

JAN 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **304744**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Birth occurred at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Albion
3. RESIDENCE of FATHER (city, state): Albion, Idaho

4. FULL NAME OF CHILD Ira Parke

5. Date of Birth (Month, day, year) Jan. 28, 1891

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy yes 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Charles Ora Parke
11. Color or Race white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Nevada (City or town) (State or foreign country)
14. Exact Occupation Deputy Sheriff
15. Industry or Business of Cassia County

MOTHER OF CHILD
16. FULL MAIDEN NAME Sarah Elizabeth Vaughn
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at bet 9:00 or 10:00 A.M. on the date Jan. 16, 1941 and at the place stated above, and that personal particulars were furnished by Sarah E. Brownell, who is related to this child as mother (First name) (Last name)

26. (a) JAN 16 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)
27. Given name added on _____ by Acting (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho County of Spokane ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah E. Brownell, being first duly sworn, say that I am related (Related to (or) acquainted with) Ira Parke as mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Albion midwife who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Sarah E. Brownell Signature
614 N. Perry, Spokane, Wash. P. O. Address

Subscribed and sworn to before me on this 15th day of January, 1941.
(SEAL) Winifred McPherson Notary Public, residing at Spokane, Washington

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

JAN 13 1941

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **304826**

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County. Latah (b) City. MOSCOW
(c) Street Address or R.F.D. No. near MOSCOW
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
In THIS county 2 years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State. Idaho (b) County. Latah
(c) City. near MOSCOW
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address. MOSCOW, Idaho
3. **RESIDENCE of FATHER** (city, state): MOSCOW, Ida.

4. **FULL NAME OF CHILD.** Elmer Joseph Dale
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth (Month, day, year) March 5th 1891

FATHER OF CHILD
10. **FULL NAME** Henry August Dale
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace near Christiana, Norway
(City or town) (State or foreign country)
14. Exact Occupation laborer, farmer
15. Industry or Business none

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Carrie Larsen
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace near Christiana, Norway
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 13 1941 (Date received) (b) [Signature] (Mother, etc.)
[Signature] (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Oregon
County of Lane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, A. L. Dale, being first duly sworn, say that I am related to Elmer Joseph Dale as brother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Linguist (Name of attendant at birth) who attended said birth is deceased and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

A. L. Dale Signature
Route #1, Eugene, Oregon P.O. Address

Subscribed and sworn to before me on this 7th day of January, 19 41
(SEAL) Lemora A. Dillard Notary Public, residing at Eugene, Oregon

My Commission expires: 8/12/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-117-044-219

305961

305961

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Washington (b) City near Weiser
(c) Street Address or R.F.D. No. # 2
(d) Name of Hospital or Maternity Home: Residence of mother
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. # 2
(e) How long has MOTHER lived in Idaho? 46 yrs.
(f) Mother's mailing address Mt. View, W. T. 1739

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD

CECIL HENRY SATER

5. Date of Birth
(Month, day, year) Feb. 17, 1891

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME GILES ANDREW JACKSON SATER

11. Color or Race White 12. Age at time of THIS birth 35 yrs.

13. Birthplace Lawrence, Kansas
(City or town) (State or foreign country)

14. Exact Occupation Stockman, Hay farmer

15. Industry or Business Sheep business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY ANN BARTON

17. Color or Race White 18. Age at time of THIS birth 25 yrs.

19. Birthplace Tennessee
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Feb. 4, 1941 (Mother, etc.) Edna A. Bridger
(Date received) (b) Acting (Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, SATER, being first duly sworn, say that I am CECIL HENRY
SATER as FIRST COUSIN (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR GILES SATER, who attended said birth IS NOW DECEASED and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mary F. Gilderoy Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of February, 1941

(SEAL)

James I. Kelly Notary Public, residing at Weiser

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-21700/-364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **306296**

Local Reg. No. _____

Reg. Dist. No. _____

<p>1. PLACE OF BIRTH: (a) County <u>Ada</u> (b) City <u>Caldwell</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.</p>	<p>2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Caldwell</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>1</u> yrs. (f) Mother's mailing address _____</p>
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4. FULL NAME OF CHILD <u>Bess Steunenberg</u>	5. Date of Birth (Month, day, year) <u>April 11, 1891</u>
6. Sex <u>Female</u>	7. Twin or Triplet _____
If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____
9. Legitimate? <u>Yes</u>	

<p>FATHER OF CHILD</p> <p>10. FULL NAME <u>Albert Keppel Steunenberg</u></p> <p>11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>27</u> yrs.</p> <p>13. Birthplace <u>Iowa</u> (City or town) (State or foreign country)</p> <p>14. Exact Occupation <u>Printer & Publisher</u></p> <p>15. Industry or Business _____</p>		<p>MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Carrie M. Coulter</u></p> <p>17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>25</u> yrs.</p> <p>19. Birthplace <u>Illinois</u> (City or town) (State or foreign country)</p> <p>20. Exact Occupation <u>Housewife</u></p> <p>21. Industry or Business _____</p>	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
 (c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) FEB 10 1941 (Mother, etc. Clyde A. Bridger)
 (Date received) (Registrar's signature)
 Acting _____
 27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
 and address _____ Date _____

State of Idaho } ss.
 County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carrie M. Steunenberg, being first duly sworn, say that I am related to Bess Steunenberg as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Lee (Name of attendant at birth) who attended said birth now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Carrie M. Steunenberg Signature
1701 Everett St., Caldwell, Idaho P.O. Address

Subscribed and sworn to before me on this 10 day of February 1941
Edmund Notary Public, residing at Caldwell, Idaho

(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED (Secure the information is as of date of birth of THIS child)

State File No. **306474**

CERTIFICATE OF BIRTH

Local Reg. No. _____

FEB 18 1941

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

4. FULL NAME OF CHILD

Olin Violet Megorden

6. Sex Female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

5. Date of Birth (Month, day, year)

February 8th 1891

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

Holmes Megorden

11. Color or Race

White 12. Age at time of THIS birth _____ yrs.

13. Birthplace

Wisconsin (City or town) _____ (State or foreign country) _____

14. Exact Occupation

Farmer

15. Industry or Business

16. FULL MAIDEN NAME

Mary Desal Minton

17. Color or Race

White 18. Age at time of THIS birth 28 yrs.

19. Birthplace

_____ (City or town) _____ (State or foreign country) _____

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a)

(Date received)

(Mother, etc.)

(b) Clyde B. Bridge (Registrar's signature)

25. Attendant's

OWN signature _____

M.D.

(D.O., Midwife, etc.)

27. Given name added on _____ by _____

(Registrar's signature)

and address _____

Date _____

State of _____

Idaho

County of _____

Washington

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Olin A. Megorden

being first duly sworn, say that I am _____ related

Olin Violet Megorden as _____

Brother

(Related to (or) acquainted with) _____, whose birth certificate

(Name of person on certificate above)

(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Thora Minton, who attended

said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Olin A. Megorden Signature

Riggins Idaho

P.O. Address _____

Subscribed and sworn to before me on this _____

13th.

day of _____

February

1941

(SEAL)

Ray Wilson

Notary Public, residing at Weiser, Ida.
Washington County Recorder

cc 2/25/41 rml

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

36-103-020-791
RECEIVED
(Be sure the information is as of date of birth of THIS child)

FEB 18 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306482

Local Reg. No. 2

Reg. Dist. No. 380

1. PLACE OF BIRTH:
(a) County Elmore (b) City near Pine
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City near Pine, Idaho
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Box 132 Mountain Home
3. RESIDENCE of FATHER (city, state): _____

4. FULL NAME OF CHILD Grant Robert Coats

5. Date of Birth (Month, day, year) March 3, 1891

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME William R. Coats
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Iowa
(City or town) (State or foreign country)
14. Exact Occupation Stage Station
15. Industry or Business own business

16. FULL MAIDEN NAME Willie E. Grant
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Saline County Missouri
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8 A. M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Willie Coats, who is related to this child as Mother
(Mother, etc.) (First name) (Last name)

26. (a) Feb. 12, 1941 (Date received) (b) Clyde A. Bridger
(Registrar's signature)

25. Attendant's OWN signature Mother M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho }
County of Elmore } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Willie Coats, being first duly sworn, say that I am related to Grant Robert Coats as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Howard, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Willie Coats Signature
Box 132, Mountain Home, Idaho P.O. Address

Subscribed and sworn to before me on this 17 day of February, 1941

(SEAL)

[Signature] Notary Public, residing at Mountain Home, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

MAR 5 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307724

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Franklin

4. FULL NAME OF CHILD Carl Elmo Peterson

5. Date of Birth Jan 9, 1891
(Month, day, year)

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carl Oscar Peterson
11. Color W or Race _____ 12. Age at time of THIS birth 29 yrs.
Sweden
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Molinda Mayberry
17. Color W or Race _____ 18. Age at time of THIS birth 22 yrs.
Franklin Idaho
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Molinda Peterson, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

26. (a) _____ (Date received) (b) _____ (Registrar's signature)

25. Attendant's OWN signature Decided M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's signature)

and address _____ Date _____

State of Idaho } ss.
County of Franklin

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Molinda Mayberry Peterson, being first duly sworn, say that I am mother
Carl Elmo Peterson as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Ann Hawkes, who attended said birth is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

x Molinda Mayberry Peterson Signature
P. O. Address _____

Subscribed and sworn to before me on this 1st day of March 1941
(SEAL) S. J. Handy Notary Public, residing at Franklin Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

307860

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county 5 years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address McCammon, Idaho
3. **RESIDENCE of FATHER** (city, state). McCammon, Ida

4. **FULL NAME OF CHILD** Eva Harkness

5. Date of Birth
(Month, day, year) Aug. 27, 1891

6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Louis Simmion Harkness
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Galesburg, Ill.
(City or town) (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business stock raising

16. **FULL MAIDEN NAME** Elicia Knapp Grist
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum 3
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) March 4, 1941 (Mother, etc.)
(Date received) (b) Elyda A. Bridger
(Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Montana
County of Silver Bow ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Elicia Harkness, being first duly sworn, say that I am related to Eva Harkness Gates as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Notary Public for State of Montana
residing at Butte, Montana

Subscribed and sworn to before me on this 26th day of February 1941
(SEAL) John T. Garrison Notary Public residing at Butte, Mont.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/5/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-115-001-291

United States
Department of Commerce
Bureau of the Census

FEB 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

307996

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: ADA (a) County (b) City Boise
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Boise, Idaho
3. RESIDENCE OF FATHER (city, state): _____

4. FULL NAME OF CHILD LEROY GUY WOOLETT
5. Date of Birth Oct 15, 1891
(Month, day, year)
6. Sex male 7. Twin or Triplet S. If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME George Harry Woollett
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business stone-mason

MOTHER OF CHILD
16. FULL MAIDEN NAME Frances Emaline Brannan
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living _____
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) FEB 21 1941 (b) _____ (Mother, etc.)
(Date received) (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Minnesota
County of Aitkin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice A. Dillman, being first duly sworn, say that I am related to LeRoy Guy Woollett as older sister (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rose Wyscaver Kent, who attended said birth, cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Alice A. Dillman Signature
Aitkin, Minn. P.O. Address _____

Subscribed and sworn to before me on this 4th day of February, 1941

(SEAL)

Katherine MacDonald

Notary Public, residing at Deputy

Clerk of District Court
AITKIN

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

MAR 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Idaho</u> (b) City <u>Cottonwood</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>10</u> days. In THIS county <u>15</u> years month _____ days.	2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Cottonwood</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>15</u> yrs. (f) Mother's mailing address <u>same</u>
--	---

4. FULL NAME OF CHILD Charles William Chambers. 5. Date of Birth (Month, day, year) April, 25 1891

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy Nine 9. Legitimate? yes

FATHER OF CHILD 10. FULL NAME <u>William Charles Chambers</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth _____ yrs. 13. Birthplace <u>(near) Chicago, Ill.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Hotel keeper</u> 15. Industry or Business <u>Hotel</u>	MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Louise Hardwick,</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>19</u> yrs. 19. Birthplace <u>(near) Sidney, Iowa.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife.</u> 21. Industry or Business _____
---	---

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Mary Louise Gankin, who is related to this child as mother (Mother, etc.)
26. (a) MAR 21 1941 (Date received) (b) Mary Louise Gankin (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Washington,
County of Kitsap } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Louise Gankin, being first duly sworn, say that I am Related to Charles William Chambers as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 20 day of March, 1941
(SEAL) Mary Louise Gankin Signature
Silverdale Wash. P. O. Address
Notary Public, residing at Silverdale

309324

3/26/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED

MAR 11 1941

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

309472

State File No.

Local Reg. No. 22

Reg. Dist. No. 620

1. PLACE OF BIRTH:

(a) County Bingham (b) City Victor
(c) Street Address or R.F.D. No. Now Teton
(d) Name of Hospital or Maternity Home: Private Home Confinement
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Victor Now Teton
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 51 yrs.
(f) Mother's mailing address Driggs, Idaho
3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD

Mabel Annie Curtis

5. Date of Birth

(Month, day, year) May 12, 1891

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? ☒

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

Nahum Curtis

16. FULL MAIDEN NAME

Annie Barker

11. Color
or Race White

12. Age at time
of THIS birth 28 yrs.

17. Color
or Race White

18. Age at time
of THIS birth 26 yrs.

13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)

19. Birthplace Paradise, Utah
(City or town) (State or foreign country)

14. Exact
Occupation Farming & Stock Raising

20. Exact
Occupation House wife

15. Industry or
Business

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) March 3, 1941 (Mother, etc.)
(Date received) (b) Rouner Davidson
(Registrar's signature)

25. Attendant's
OWN signature Elizabeth Eynon, Midwife
Deceased (D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____

State of Idaho

County of Teton ss.

I, Annie B. Curtis
Mabel Annie Curtis as _____

being first duly sworn, say that I am Related
(Related to (or) acquainted with) _____, whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-

tained therein are true to the best of my knowledge. I further state that Elizabeth Eynon, who attended
(Name of attendant at birth)

said birth Is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 3 day of March, 1941

(SEAL)

Notary Public, residing at Driggs, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

MAR 28 1941 the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

309563

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County <u>Key-Peace</u> (b) City <u>Reland</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county <u>15</u> years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Key-Peace</u> (c) City <u>Reland</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>15</u> yrs. (f) Mother's mailing address..... 3. RESIDENCE OF FATHER (city, state) <u>Reland</u>	
4. FULL NAME OF CHILD <u>Lillian Rebecca Vincent</u>		5. Date of Birth (Month, day, year) <u>Nov 20-1891</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>John Vincent</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Bonn, Prussia, Germany</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Emma Woodward</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> years 19. Birthplace <u>Joplin, Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) APR 4 1941 **(b)** Mabel J. Edder
(Date received) (Registrar's signature)
27. Given name added on.....by.....
(Registrar's signature)
25. Attendant's.....M.D. or.....
OWN signature.....(D.O., Midwife, etc.)
and address.....Date.....

State of Idaho } ss.
County of Latah
Maurin R. Vincent, being first duly sworn, say that I am Related to
Lillian Rebecca Vincent as Brother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. Edder, who attended
said birth.....(Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 15 day of March, 1941.
(SEAL) E. J. Edder Notary Public, residing at Reland, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

cc 4/3/41 JMT

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

858-102-003-962

309926

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce APR 11 1941 CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. ?
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ? days.
IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. ?
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Pocatello, Idaho

3. RESIDENCE of FATHER (city, state) Same.

4. FULL NAME OF CHILD Martin Heyman

5. Date of Birth (Month, day, year) 2/2/1891

6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Samuel Heyman

11. Color White 12. Age at time of THIS birth 25 yrs.

13. Birthplace Kalisch, Russia.
(City or town) (State or foreign country)

14. Exact Occupation Hotel Proprietor

15. Industry or Business Hotel.

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Rosenbaum

17. Color White 18. Age at time of THIS birth 23 yrs.

19. Birthplace Kalisch, Russia.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~BREXNIA~~ XXXXXX M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) April 11-1941 (Date received) (b) Mabel T. Fisher (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
and address _____ (D.O., Midwife, etc.)
Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of New York }
County of New York } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lottie Heyman, being first duly sworn, say that I am related to
Martin Heyman as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 28th day of April, 1941 at 250 West 85th St. N.Y. P. O. Address _____
(SEAL) Foster Rucker Notary Public, residing at _____
New York Co. Clerk's No. 1-2, Reg. No. 2-M-88
Commission Expires March 30, 1942

Lottie Heyman Signature
Mabel T. Fisher Signature
39 Maple Ave. Fort Port. Long Island

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

866-2081035-755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

309965

State File No.....

Local Reg. No.....

Reg. Dist. No. 221

1. **PLACE OF BIRTH:**
(a) County. Nezperce (b) City. Cottonwood
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Nezperce
(c) City. Cottonwood
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address. Cottonwood
3. **RESIDENCE OF FATHER** (city, state). Idaho

4. **FULL NAME OF CHILD** Marie Gentry Howell
5. Date of Birth (Month, day, year) March 8 1891
6. Sex. Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|--|---|
| 10. FULL NAME <u>James Howell</u> | 16. FULL MAIDEN NAME <u>Mary Elizabeth Gentry</u> | | |
| 11. Color or Race <u>White</u> | 17. Color or Race <u>White</u> | 12. Age at time of THIS birth <u>46</u> yrs. | 18. Age at time of THIS birth <u>38</u> years |
| 13. Birthplace <u>Gap Creek North Carolina</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Gap Creek North Carolina</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business <u> </u> | 21. Industry or Business <u> </u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) April 12 1941 (b) Patricia Burke
(Date received) (Registrar's signature)
25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
and address.....Date.....
27. Given name added on.....by.....
(Registrar's signature)

State of Washington }
County of Asotin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura Howell Woodring, being first duly sworn, say that I am.....related to.....
(Name of person on certificate above) (State relationship or acquaintance)
Marie Gentry Howell as sister, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Turner of Cottonwood who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 29th day of March, 1941

(SEAL)

Burt C. Valsey, Notary Public, residing at Clarkston

L. B. Woodring Name
Rt. Box 62, Clarkston, Wash. P. O. Address

FEB 13 1964

c.c. 4/21/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

499-125-007-313
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

310002
State File No.
Local Reg. No. 47
Reg. Dist. No. 410

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county 6 years. months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address: Hailey, Idaho
3. **RESIDENCE OF FATHER** (city, state) Hailey, Ida

4. **FULL NAME OF CHILD** Thomas Jefferson Mizer Jr. 5. Date of Birth (Month, day, year) 2-25-1891

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Mizer
11. Color white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Des Moines, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ann Caldwell
17. Color white 18. Age at time of THIS birth 35 years
19. Birthplace Louisville, Kentucky
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at M. on the date and at the place stated above, and that personal particulars were furnished by Pat McMonigle, who is related to this child as Friend of Family (First name) (Last name)

26. (a) 4-11-1941 (b) Robert H. Wright
(Date received) (Registrar's signature)
27. Given name added on by and address
(Registrar's signature) (D.O., Midwife, etc.) Date

State of Idaho } ss.
County of Blaine

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. P. McMonigle, being first duly sworn, say that I am acquainted with Thomas J. Mizer, Jr. as acquaintance (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 16th day of April, 1941
(SEAL) Joseph M. Gild Notary Public, residing at Hailey, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249.228.028-255

310040

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census APR 17 1941 STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Latah (b) City Troy (Vollmer)
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: Private Home
 (e) Mother's stay BEFORE delivery: _____
 In Hosp. or Mat. Home _____ days.
 IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Latah
 (c) City Troy (Vollmer)
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? 5 yrs.
 (f) Mother's mailing address Vollmer, Idaho

3. RESIDENCE of FATHER (city, state) _____

4. FULL NAME OF CHILD Eunice Agnes Bricka 5. Date of Birth Jan. 28, 1891
 (Month, day, year)

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____
 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME George Warren Bricka 16. FULL MAIDEN NAME Melvina Senter
 11. Color White 12. Age at time of THIS birth. 30 yrs. 17. Color White 18. Age at time of THIS birth. 39 yrs.
 13. Birthplace Cincinnati, Ohio 19. Birthplace near Johnsonville, Illinois
 (City or town) (State or foreign country) (City or town) (State or foreign country)
 14. Exact Occupation Farmer 20. Exact Occupation Housewife
 15. Industry or Business Farming 21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
 (c) Born alive and now dead none (d) Stillborn one, a son.

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by George W. Bricka, who is related to this child as father (First name) (Last name)
 (Mother, etc.)
 26. (a) April 17-1941 (Date received) (b) Malcolm Elder (Registrar's signature)
 25. Attendant's OWN signature _____ M.D. _____
 (D.O., Midwife, etc.)
 27. Given name added on _____ by _____ and address _____
 (Registrar's signature) Date

State of Idaho }
 County of Latah } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George W. Bricka, being first duly sworn, say that I am related (Related to (or) acquainted with)
Eunice Agnes Bricka as father, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth)
 said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 15th day of April, 19 41.
 (SEAL) George W. Bricka Signature
Deary, Idaho P. O. Address
 Notary Public, residing at Deary, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

862-110 021 852 RECEIVED

311475

United States
Department of Commerce
Bureau of the Census

MAY 1

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. 105

Reg. Dist. No. 540

1. PLACE OF BIRTH:
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____
3. RESIDENCE of FATHER (city, state): _____

4. FULL NAME OF CHILD Clarence Hobbs
5. Date of Birth (Month, day, year) April 10, 1891
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Wilford Hobbs
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Glastishire England
(City or town) (State or foreign country)
14. Exact Occupation Business
15. Industry or Business _____
16. FULL MAIDEN NAME Mary Ann Webster
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Franklin Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child X (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Borned alive at X M. on the date _____
(born alive, stillborn) Lulua Witbeck, who is related to this child as Sister (Mother, etc.)
(First name) (Last name)

26. (a) May 1, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on _____ by Mabel F. Elder (Registrar's signature)
25. Attendant's OWN signature Lulua Witbeck M.D. (D.O., Midwife, etc.)
and address Long-Beach-Calif-3440 Myrtle Date April-23rd 1941

State of California,
County of Los Angeles. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lulua Witbeck, being first duly sworn, say that I am SISTER
Clarence Hobbs as Brother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Canfield, who attended said birth. Now Deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature

Subscribed and sworn to before me on this 23rd day of April, 1941 P. O. Address

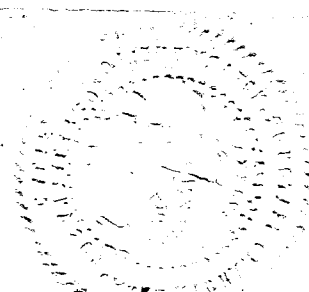
(SEAL)

Notary Public, residing at Long-Beach-Calif,

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



532-217006-493

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
MAY 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **811583**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH near _____ (a) County <u>Bingham</u> (b) City <u>Eagle Rock</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>born at home</u> (e) Mother's stay <u>BEFORE</u> delivery: In Hosp. or Mat. Home _____ days. IN THIS county <u>9</u> years <u>3</u> month <u>11</u> days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>near Eagle Rock (now Idaho Falls)</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>9 1/3</u> yrs. (f) Mother's mailing address _____	
4. FULL NAME OF CHILD <u>Lucy Elizabeth Else</u>		3. RESIDENCE of FATHER (city, state) <u>Idaho</u> 5. Date of Birth (Month, day, year) <u>Aug. 17, 1891</u>	
6. Sex <u>female</u>		7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy <u>9</u> 9. Legitimate? _____	
FATHER OF CHILD 10. FULL NAME <u>Charles Else</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>Pottstown Pennsylvania</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Leona Elizabeth Mitchell</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Macoupin Co. Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>ditto</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ 23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>none</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> <u>1:00 A. M.</u> on the date (born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by <u>Leona Else Fortiner</u> , who is related to this child as <u>mother</u> (First name) (Last name) (Mother, etc.) 26. (a) <u>May 6 - 1941</u> (Date received) (b) <u>M and T Fisher</u> (Registrar's signature) 25. Attendant's <u>grandmother,</u> M.D. OWN signature <u>deceased</u> (D.O., Midwife, etc.) 27. Given name added on _____ by _____ and address _____ (Registrar's signature) Date			

State of California }
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leona Else Fortiner, being first duly sworn, say that I am related to Lucy Elizabeth Else as mother (Related to (or) acquainted with) _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) _____ appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rebecca Mitchell, who attended said birth is dead (Name of attendant at birth) _____ and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Leona Else Fortiner Signature
8477 San Miguel Ave, Southgate Cal. O. Address

Subscribed and sworn to before me on this 23rd day of April, 19 41
(SEAL) Newton Van Why Notary Public, residing at Los Angeles, Cal.

c.c. 5/12/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

552-202-001-766

311625 311625

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>ADA</u> (b) City <u>BOISE</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>XXXXXX (private home)</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county <u>X</u> years <u>four</u> month <u>X</u> days	2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>ADA</u> (c) City <u>BOISE</u> (d) Street Address or R.F.D. No. <u>14 O'FARRELL ST.</u> (e) How long has MOTHER lived in Idaho? <u>6</u> yrs. (f) Mother's mailing address <u>BOISE (was)</u>
--	---

4. FULL NAME OF CHILD <u>FAY GWENDOLYN NESBITT</u> (now Mrs. <u>Fay G. Abwater</u>) 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd _____ 6. Sex <u>female</u>	5. Date of Birth (Month, day, year) <u>Dec. 2, 1891.</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes.</u>
---	---

10. FULL NAME <u>George Nesbitt</u> (Civil War veteran) 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>47</u> yrs. 13. Birthplace <u>Pittsboro, Penn. U.S.A.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____	16. FULL MAIDEN NAME <u>Minnie Stuart Powers</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>Mansfield, Ohio. U.S.A.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife (former milliner)</u> 21. Industry or Business _____
--	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum. XXXXXX
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn XXXXXX

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at (night) A.M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Minnie S. Nesbitt, who is related to this child as MOTHER (First name) (Last name)

26. (a) May 13, 1941 (Date received) (b) Mabel E. Elder (Registrar's signature)
27. Given name added on _____ by Mabel E. Elder (Registrar's signature)

25. Attendant's OWN signature _____ and address _____ (M/D/Date)

State of Idaho.
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edna Earle Johnson, being first duly sworn, say that I am related to Fay Gwendolyn Nesbitt-Atwater as an aunt (her mother's sister) (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Chas. W. Powers (M.D.), who attended said birth, is now deceased. (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edna Earle Johnson Signature
402 Union st., Boise, Idaho. P. O. Address

Subscribed and sworn to before me on this 13th day of May, 1941.

(SEAL)

Hazel Everett Notary Public, residing at Boise, Idaho
and Commission expires July 25-1942.

JUN 8 1977

5/13/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-207-032-962

311633

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH**
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years 6 month _____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Shoshone

3. **RESIDENCE of FATHER** (city, state) _____

4. **FULL NAME OF CHILD** Iva Florence Cox
5. Date of Birth (Month, day, year) March 7, 1991
6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Henry P. Cox
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace New Castle England
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Robinson
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Coleville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 10 - 1941 (Mother, etc.) (b) Mabel J. Fisher (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Robinson Cox, being first duly sworn, say that I am related to Iva Florence Cox as mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Conners (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Anna Robinson Cox Signature
1502 North 7th Street, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 8 day of May 1941
(SEAL) Edith H. Church Notary Public, residing at Boise Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

814.164.029
249
United States
Department of Commerce
Bureau of the Census
MAY 8 1941

(Assure the information is as of date of birth of THIS child)

311647

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. NOT NAMED
(d) Name of Hospital or Maternity Home:
PRIVATE RESIDENCE
(e) Mother's stay BEFORE delivery: MOSCOW
In Hosp. or Mat. Home _____ days. AT HOME
In THIS county YES years 3 month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address OLYMPIA, WASH
3. RESIDENCE of FATHER (city, state): DECEASED

4. FULL NAME OF CHILD GLEN MERRIL HAMMOND

5. Date of Birth (Month, day, year) OCTOBER 4, 1941

6. Sex SON 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME CARY BOARDMAN HAMMOND
11. Color or Race WHITE 12. Age at time of THIS birth 32 yrs.
13. Birthplace BATAVIA ILLINOIS
(City or town) (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business _____

16. FULL MAIDEN NAME LENA LEOTI SMITH
17. Color or Race WHITE 18. Age at time of THIS birth 23 yrs.
19. Birthplace RICHFORD, VERMONT
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child NONE (b) Born alive and now living 4
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 8 - 1941 (Mother, etc.)
(Date received) (b) Mabel E. Eder
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of Washington } ss.
County of Thurston

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lena Leoti Smith Hammond, being first duly sworn, say that I am related to
Glen Merrill Hammond as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. WATKINS, who attended said birth DECEASED and that this birth has not been previously recorded.
(is now deceased (or) cannot be located)

Lena Leoti Smith Hammond signature
P. O. Address _____

Subscribed and sworn to before me on this 15th day of March, 1941
(SEAL) Geo. L. Harrison Notary Public, residing at Olympia, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 192, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such reports may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

759-122-025-295

313027

United States
Department of Commerce
Bureau of Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Idaho (b) City Near Grangeville
(c) Street Address or R.F.D. No. on Farm
(d) Name of Hospital or Maternity Home: At Home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.
IN THIS county 4 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Near Grangeville
(d) Street Address or R.F.D. No. Farm
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Grangeville

3. RESIDENCE of FATHER (city, state) Grangeville Idaho

5. Date of Birth
(Month, day, year) May 23 1891

4. FULL NAME OF CHILD

Ralph Emerson Perkins

6. Sex Male 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Daniel Perkins

11. Color or Race White 12. Age at time of THIS birth 34 yrs.

13. Birthplace Kansas
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Jane Kinkaid

17. Color or Race White 18. Age at time of THIS birth 28 yrs.

19. Birthplace Kansas
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive at 5:30 A.M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Oran M. Reed, who is related to this child as Aunt on Mothers Side (Mother, etc.)
(First name) (Last name)

26. (a) May 26-1941 (b) Malred E. Keeler
(Date received) (Registrar's signature)

25. Attendant's OWN signature Deceased M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED:

I, Oran M. Reed, being first duly sworn, say that I am Related (Aunt on Mothers Side)
Ralph Emerson Perkins as Aunt on Mothers Side (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bibby, who attended

said birth deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Oran M. Reed Signature
Clarkston Wash P. O. Address

Subscribed and sworn to before me on this 23 day of May, 1941
(SEAL) Amved P. Bengell Notary Public, residing at Lewiston

SEP 20 1944

c.c. 6/2/41. n.n.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

129-220-681

313257

313257

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 313257

CERTIFICATE OF BIRTH

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Elmore</u> (b) City <u>Glen's Ferry</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. <input checked="" type="checkbox"/> days. In THIS county years month days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Elmore</u> (c) City <u>Glen's Ferry</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs. (f) Mother's mailing address.	
4. FULL NAME OF CHILD <u>Myrtle Leah Akins</u> (State of Birth <u>Idaho</u>) (Month, day, year) <u>Aug. 20, 1941</u>		3. RESIDENCE of FATHER (city, state): <u>Same</u>	
6. Sex <u>Female</u> <input checked="" type="checkbox"/> Twin or Triplet <input type="checkbox"/> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
10. FULL NAME <u>Charles John Akins</u> 11. Color or Race <u>Irish</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace <u>Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Engineer</u> 15. Industry or Business <u>Railroad</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Katherine Elizabeth O'Hara</u> 17. Color or Race <u>Irish</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>Fort Riley, Kansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>1</u> (d) Stillborn			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) <u>June 13, 1941</u> (Date received) (b) <u>Mabel F. Elder</u> (Registrar's signature)		25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)	
27. Given name added on _____ by <u>Mabel F. Elder</u> (Registrar's signature)		and address _____ Date _____	

State of Idaho
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carrie Grosse, being first duly sworn, say that I am related to Myrtle Leah Akins as cousin (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (I do not know) maybe (Name of attendant at birth) Dr. W. H. Smith said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Carrie Grosse Signature
Shoshone, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of February, 19 41
(SEAL) M. Mahon Notary Public, residing at Shoshone, Idaho

c.c. 6/13/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-211-028-712

RECEIVED

313346

United States
Department of Commerce
Bureau of Census

JUN 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. at Home
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home 0 days.

IN THIS county - years - month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 4 yrs.

(f) Mother's mailing address Post Falls

3. RESIDENCE of FATHER (city, state)

5. Date of Birth

(Month, day, year) Feb 11 1891

8. No. months

of Pregnancy 9

9. Legitimate? yes

4. FULL NAME

OF CHILD Hazel Julia Dark

Twin or

If so—born

1st, 2nd, 3rd

6. Sex Female

Triplet _____

FATHER OF CHILD

10. FULL

NAME Lafayette S. Dark

11. Color

White

12. Age at time

or Race American of THIS birth 41 yrs.

13. Birthplace

Wis. (Ripon Fondulac Co)

(City or town)

(State or foreign country)

14. Exact

Occupation Miller

15. Industry or

Business _____

MOTHER OF CHILD

16. FULL MAIDEN

NAME Julia S. Post

17. Color

White

18. Age at time

or Race German of THIS birth 22 yrs.

19. Birthplace

Ill.

(City or town)

(State or foreign country)

20. Exact

Occupation none

21. Industry or

Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 0

(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) June 9-1941 (Mother, etc.)
(Date received) (b) Mabel T. Keeler
(Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
and address _____ (D.O., Midwife, etc.)
Date _____

State of Washington } ss.
County of Spokane

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, L. S. Dark, being first duly sworn, say that I am Father
(Name of person on certificate above) (State relationship or acquaintance)
of Hazel Julia Dark as _____, whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended

said birth _____ and that this birth has not been previously recorded.
(Name of attendant at birth)

(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 6th day of June 1941

(SEAL)

Notary Public, residing at Spokane Wash

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

169 103-006-755

313389

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH
(a) County Bingham (b) City Riverside
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: own residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 3 years month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Riverside
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Blackfoot Idaho

4. FULL NAME OF CHILD James Alva Jordan
6. Sex male 7. Twin or Triplet _____ If ☒ born 1st, 2nd, 3rd _____

3. RESIDENCE of FATHER (city, state) Blackfoot Idaho
5. Date of Birth (Month, day, year) March 31 1891
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Joseph Hyrum Jordan
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Springville Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Martha Elizabeth Givens
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Walshing Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 9 1941 (Mother etc.)
(Date received) (b) Martha Baird
(Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Agnes J. Harrison, being first duly sworn, say that I am The Aunt of James Alva Jordan as Nephew (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Baird (Name of attendant at birth) who attended said birth Now Deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Agnes J. Harrison Signature
1001 No. Tamarind St. Compton, Calif. O. Address

Subscribed and sworn to before me on this 5th day of June, 1941
(SEAL) C. H. Boyette Notary Public, residing at Compton, Calif
Comm. Expires 6/1/44

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

c.c. 6/16/41. w.h.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

818-118 029 695

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313548

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Latah (b) City near Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At parents' home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 12 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City near Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Garfield, Wash.

3. RESIDENCE of FATHER (city, state) Moscow

4. FULL NAME OF CHILD

Elvin Elmer Hayden

5. Date of Birth

(Month, day, year) Nov. 18, 1891

6. Sex Male

7. Twin or Triplet

Twin

If so—born 1st, 2nd, 3rd

1st

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Thomas Alexander Hayden

11. Color or Race

White

12. Age at time

46 yrs.

of THIS birth

13. Birthplace

Unknown

Missouri

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Matilda Ann Fields

17. Color or Race

White

18. Age at time

33 yrs.

of THIS birth

19. Birthplace

Brownsville, Oregon

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 17 1941
(Date received)

(Mother, etc.)

(b) Mabel J. Greiner
(Registrar's signature)

25. Attendant's OWN signature

M.D.

27. Given name added on _____ by _____
(Registrar's signature)

and address

(D.O., Midwife, etc.)
Date

State of Washington

County of Stevens } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred Thomas Hayden, being first duly sworn, say that I am related to Elvin Elmer Hayden as brother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Burden (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(is now deceased (or) cannot be located)

Fred Thomas Hayden Signature
Keweenaw, Washington P. O. Address

Subscribed and sworn to before me on this 16th day of June, 1941.

(SEAL)

Albert R. Sever

Notary Public, residing at Colville, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719-120-021-543

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 18 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

313689

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Franklin (b) City Franklin

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

At Home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD William Nuttall Parkinson

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

10. FULL NAME Franklin Chandler Parkinson

11. Color White 12. Age at time of THIS birth 32 yrs.

13. Birthplace Kaysville, Utah in 1859
(City or town) (State or foreign country)

14. Exact Occupation Farmer & Merchant

15. Industry or Business Moved into Franklin in spring 1860

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Franklin

(c) City Franklin

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 6 yrs.

(f) Mother's mailing address Franklin, Idaho

3. RESIDENCE of FATHER (city, state)

5. Date of Birth
(Month, day, year) Dec. 20, 1891

8. No. months of Pregnancy _____ 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Nuttall

17. Color White 18. Age at time of THIS birth 27 yrs.

19. Birthplace Manchester, England in 1864
(City or town) (State or foreign country)

20. Exact Occupation Housewife
Farmer & Merchant

21. Industry or Business Married in Logan Temple Jan. 1, 1885

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7:15 A.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (JUN 18 1941) (Date received) (b) Mabel G. Eder (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada N. Parkinson, being first duly sworn, say that I am related to
William Nuttall Parkinson as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Hawks, who attended said birth now deceased (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me, on this 28 day of April, 1941

(SEAL)

Notary Public, residing at Los Angeles, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819 718-029 795

United States
Department of Commerce
Bureau of the Census

RECEIVED

JUN 23 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

314790

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County LATAH (b) City MOSCOW
(c) ~~Street Address or R.F.D. No.~~
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years months days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address MOSCOW
3. **RESIDENCE OF FATHER** (city, state) MOSCOW, IDA

4. **FULL NAME OF CHILD** CHARLES ELLI HARRIS
5. Date of Birth Sept 18 - 1891
(Month, day, year)
6. Sex MALE 7. Twin or Triplet NO If so - born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ELLI HENRY HARRIS

11. Color or Race WHITE 12. Age at time of THIS birth 41 yrs.

13. Birthplace KANSAS
(City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZABETH ANN GREEN

17. Color or Race WHITE 18. Age at time of THIS birth 31 years

19. Birthplace YATES CENTER - KANSAS
(City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 3
(c) Born alive and now dead 4 (d) Stillborn 4

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(born alive, stillborn) (First name) (Last name)

26. (a) JUN 23 1941 (b) Malcolm Green
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)
25. Attendant's **OWN signature** M.D. or
(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Latah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles J. Munson, being first duly sworn, say that I am
Charles Eli Harris as Acquainted friend of his birth (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. INGRAM, who attended said birth, deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 31 day of June 1941
(SEAL) Lawrence E. Hoff Notary Public, residing at
Name
Residing at Moscow, Idaho P.O. Address
My Commission Expires Dec. 1, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

867-204-044857

314815

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

JUN 23 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (a) County _____ (b) City _____ (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State _____ (b) County _____ (c) City _____ (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs. (f) Mother's mailing address _____	
4. FULL NAME OF CHILD <u>Angel Lee Hopkins</u>		5. Date of Birth (Month, day, year) <u>3-4-1891</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Francis Theodore Hopkins</u>		16. FULL MAIDEN NAME <u>Josephine Ella Higgins</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>42</u> yrs.		18. Age at time of THIS birth <u>37</u> yrs.	
13. Birthplace <u>Greenwich Ohio</u> (City or town) (State or foreign country)		19. Birthplace <u>Fairfield Ohio</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Carpenter</u>		20. Exact Occupation <u>Teacher</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead _____ (d) Stillborn _____			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

26. (a) JUN 23 1941 (Date received) (b) Marcel F. Fisher (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____

State of Idaho } ss.
County of Ada

I, Caroline H. Miller being first duly sworn, say that I am related to Angel Lee Hopkins (Wayne) as sister (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Waterhouse (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Caroline Hopkins Miller Signature
1715 Fort St. Boise, Idaho Address

Subscribed and sworn to before me on this 17th day of June, 1941

(SEAL) Robert M. Miller Notary Public, residing at Boise, Idaho

DEC 6 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 115 001-392

315039

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. #2
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
IN THIS county 3 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. #2
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address At home

4. FULL NAME OF CHILD

Walter Edward Davison

5. Date of Birth

(Month, day year) 4-15-1891

6. Sex

male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

Thomas Frank Davison

11. Color or Race

white

12. Age at time of THIS birth

34 yrs.

13. Birthplace

Birmingham

Missouri

(City or town)

(State or foreign country)

14. Exact Occupation

Framer

15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother:

(a) At time of birth and including this child 6

(b) Born alive and now living 6

(c) Born alive and now dead

(d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) June 28-1941 (Date received)

(b) Mabel G. Sefer (Mother, etc.) (Registrar's signature)

27. Given name added on _____ by _____

(Registrar's signature)

25. Attendant's

OWN signature

M.D.

(D.O., Midwife, etc.)

and address _____

Date _____

State of Idaho

County of Ada

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING & CANNOT BE LOCATED.

Thomas Frank Davison being first duly sworn, say that I am _____
Walter Edward Davison as _____
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended

said birth deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Thomas Frank Davison Signature

P. O. Address _____

Subscribed and sworn to before me on this 28 day of June 1941

(SEAL)

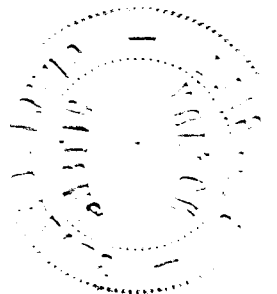
S. L. Hill Notary Public, residing at Boise, Ida.

7-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



296-229-028-443

315381

United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of Census
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county Nine years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? Nine yrs.
(f) Mother's mailing address Rathdrum, Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Florence Josephine Brophy
5. Date of Birth (Month, day year) May, 29, 1891
6. Sex Female 7. Twin or Triplet _____ If so—born _____
8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Joseph George Brophy
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Cincinnati, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Violet Etta Mulkins
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Burlington, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUL 14 1941 (b) Mary E. Eiefer 25. Attendant's
(Date received) (Registrar's signature) OWN signature M.D.
27. Given name added on _____ by _____ and address _____ (D.O., Midwife, etc.)
(Registrar's signature) Date

State of Washington } ss.
County of Clark

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Violet E. Brophy, being first duly sworn, say that I am related (Related to (or) acquainted with)
Florence Josephine Brophy (Name of person on certificate above) Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Violet Shipley Mulkins (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Violet E. Brophy Signature
501 W. 21st Street Vancouver, Wash P. O. Address
Subscribed and sworn to before me on this 10th day of July, 1941
(SEAL) Roman H. Eiefer Notary Public, residing at Vancouver

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493205029-897

315486

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

Latah JUL 14 1941

STATE OF IDAHO

1. PLACE OF BIRTH

(a) Country Latah (b) City Moscow
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.

IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Estill (Estelle) May Mitchell

6. Sex female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME James Franklin Mitchell

11. Color white 12. Age at time
or Race _____ of THIS birth. 28 yrs.

13. Birthplace Bloomfield Arkansas
(City or town) (State or foreign country)

14. Exact
Occupation Farmer

15. Industry or
Business

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow

(d) Street Address or R.F.D.No. _____

(e) How long has MOTHER lived in Idaho? 3/4 yrs.

(f) Mother's mailing address Moscow

3. RESIDENCE of FATHER (city, state) Moscow, Ida.

5. Date of Birth

(Month, day year) Nov 5 - 1891

8. No. months

of Pregnancy

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Hughes
Sallie Samantha

17. Color white 18. Age at time
or Race _____ of THIS birth. 24 yrs

19. Birthplace Franklin Co., Missouri
(City or town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living _____
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 11 P. M. on the date _____
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by James Franklin Mitchell, who is
related to this child as Father (First name) (Last name)

26. (a) JUL 14 1941 (b) Marcel T. Ellis
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's James Franklin Mitchell
OWN signature (D.O. Midwife, etc.)

and address Bentley Ark Date 7-5-41

State of Arkansas
County of Benton } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, James Franklin Mitchell being first duly sworn, say that I am father of
Estill (Estelle) May Mitchell (Name of person on certificate above) (State relationship or acquaintance)
whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor (Name of attendant at birth), who attended

said birth. is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

My Con. & Dec. 18. 1943.

Subscribed and sworn to before me on this 5 day of July 1941

(SEAL)

W.B. Ellis

Notary Public, residing at Bentley

Signature

P. O. Address

7/18/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493-201-001 485

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
JUL 19 1941
STATE OF IDAHO

State File No. **315672**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County **Ada** (b) City **Boise**
(c) Street Address or R.F.D. No. **Idaho St.**
(d) Name of Hospital or Maternity Home:

Midwife Maternity Home - no name.

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. **7** days.
IN THIS county **7** years **month** - **days**

4. FULL NAME OF CHILD

Katherine Lucille Saylor
Katherine Lucille Miller, now /

5. Date of Birth

(Month, day year) **September 1 1891.**

6. Sex **Female**

7. Twin or Triplet **Single** If so—born 1st, 2nd, 3rd **x**

8. No. months of Pregnancy **9 mo.**

9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME

Joseph Morgan Miller

11. Color or Race **White**

12. Age at time of THIS birth. **37** yrs.

13. Birthplace

Cherryvale, Tennessee

(City or town) (State or foreign country)

14. Exact Occupation

Advertising man with

15. Industry or Business

Anaconda Standard of Anaconda, Montana

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Eathell Myers

17. Color or Race **White**

18. Age at time of THIS birth. **22** yrs.

19. Birthplace

Red Warrior Idaho

(City or town) (State or foreign country)

20. Exact Occupation

School Teacher

21. Industry or Business

Rural School in Emmet Valley

22. Name prophylactic used to prevent Ophthalmia Neonatorum. **None**

23. Number of children of this mother: (a) At time of birth and including this child. **One** (b) Born alive and now living. **One**
(c) Born alive and now dead. **none** (d) Stillborn. **none**

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) **July 19 1941** (Date received)

(b) **Mary Eathell** (Registrar's signature)

25. Attendant's

OWN signature.

M.D.

27. Given name added on _____ by _____

(Registrar's signature)

and address _____

Date _____

State of **California**
County of **Fresno**

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Mary Brown-Lewers formerly Mary Eathell Miller**
Katherine Lucille Saylor
Katherine Lucille Miller, now / as Mother

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Mrs. Rube Robbins**, who attended said birth **is now deceased** and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Mary Brown-Lewers formerly Mary Eathell Miller
1375 Arthur Ave. Fresno, California Signature
P. O. Address

Subscribed and sworn to before me on this **15th** day of **July**, 1941.

(SEAL)

Notary Public, residing at **Fresno, California**

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

238-212-208-231

316940

316940

United States
Department of Commerce
Bureau of Census

AUG 1 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Boise (b) City Garden Valley
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Garden Valley
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Garden Valley

3. RESIDENCE of FATHER (city, state) Garden Valley

4. FULL NAME OF CHILD

Gertrude Harriet Schilling

5. Date of Birth

(Month, day year) March 12 1891

6. Sex

female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months

of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Henry Schilling

11. Color or Race

white

12. Age at time
of THIS birth 30 yrs.

13. Birthplace

(City or town) Germany
(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Bertha L. Blank

17. Color or Race

white

18. Age at time
of THIS birth 21 yrs

19. Birthplace

(City or town) Germany
(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

AUG 1 1941
(Date received)

(Mother, etc.)
(Registrar's signature)

26. (a) _____

(b) _____

25. Attendant's

OWN signature _____

M.D.

27. Given name added on _____ by _____

(Registrar's signature)

and address _____

(D.O., Midwife, etc.)
Date _____

State of _____ } ss.
County of _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Henry Schilling being first duly sworn, say that I am related to
Gertrude Harriet Schilling (Related to (or) acquainted with) _____, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. H. H. H. H., who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 25th day of July 1941

(SEAL)

Notary Public, residing at Portland, Ore.

Signature _____
P. O. Address _____

John Henry Schilling
Portland, Ore.
Henry H. H. H.
Commission expires Feb. 9th 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-121-044-419

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 1 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **317100**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____
0
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. 0 days.
IN THIS county 0 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Cambridge, Ida.

3. RESIDENCE of FATHER (city, state) Cambridge, Idaho

4. FULL NAME OF CHILD

EZRA LEWIS BAIN

5. Date of Birth
(Month, day year) Sept. 21, 1891

6. Sex

M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Ezra William Bain

11. Color or Race W

12. Age at time of THIS birth 21 yrs.

13. Birthplace

Colony, Kansas
(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ava Rilla Darnall

17. Color or Race W

18. Age at time of THIS birth 18 yrs

19. Birthplace

Fort Worth, Texas
(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

AUG 1 1941

26. (a) _____ (Date received)

(b) Margaret Vogel (Registrar's signature)

25. Attendant's

OWN signature

M.D.

27. Given name added on _____ by _____ (Registrar's signature)

and address

(D.O., Midwife, etc.)
Date

State of Idaho } ss.
County of Washington

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ava Rilla Bain, being first duly sworn, say that I am related to _____ (Related to (or) acquainted with)
Ezra Lewis Bain as Mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hunt, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Ava Rilla Bain

Signature

Cambridge, Idaho

P. O. Address

Subscribed and sworn to before me on this 30th day of July, 1941

(SEAL)

Margaret Vogel

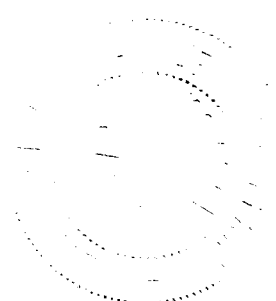
Notary Public, residing at Cambridge, Ida.

1917-3-3-12

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493.118'044-367

#217265

317265

United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce **AUG 11 1941** **CERTIFICATE OF BIRTH**
Bureau of Census STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Washington</u> (b) City <u>Salubria</u> (c) Street Address or R.F.D.No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Salubria</u> (d) Street Address or R.F.D.No. _____ (e) How long has MOTHER lived in Idaho. <u>23</u> yrs. (f) Mother's mailing address <u>Salubria, Idaho</u>	
4. FULL NAME OF CHILD <u>Daniel Logan Mickey</u>		3. RESIDENCE of FATHER (city, state) <u>Salubria, Idaho</u> At time of birth. Both dead now <u>Idaho</u> (Date of Birth) _____ (Month, day year) <u>April 18, 1891</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy _____	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Francis Marion Mickey</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>51</u> yrs. 13. Birthplace <u>Evanston, Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Ellen Logan</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>10 Mi. So Omaha, Nebraska</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>8</u> (b) Born alive and now living <u>4</u> (c) Born alive and now dead <u>5</u> (d) Stillborn _____			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)			
26. (a) <u>AUG 11 1941</u> (Date received)		(b) <u>Mary E. Elder</u> (Registrar's signature)	
27. Given name added on _____ by _____ (Registrar's signature)		25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____	

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ernest H. Mickey, being first duly sworn, say that I am related to Daniel Logan Mickey as Brother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Wilkison (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 8th day of August, 1941, 19

Ernest H. Mickey Signature
513 Haines Street, Boise, Idaho P. O. Address
Notary Public, residing at _____
Probate Judge Ada County, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **317343**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County ~~Blaine~~ **SANDPOINT** (b) City **Sandpoint**
(c) Street Address or R.F.D.No. **Railroad Ave.**
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.

IN THIS county **5** years _____ month _____ days

4. FULL NAME OF CHILD

Nellie Tot Holton

6. Sex **Female**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME **George Wellington Holton**

11. Color or Race **white** 12. Age at time of THIS birth **41** yrs.

13. Birthplace **Kent County Ontario**
(City or town) (State or foreign country)

14. Exact Occupation **Woodsman**

15. Industry or Business **None**

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child **6** (b) Born alive and now living **5**
(c) Born alive and now dead **1** (d) Stillborn **None**

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** **4** P. M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Delia Holton**, who is related to this child as _____
AUG 15 1941 (Mother, etc.)

26. (a) _____ (Date received) (b) **Mabel H. Fisher** (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Bonner**

(c) City **Sandpoint** **Kootenai**

(d) Street Address or R.F.D.No. **Railroad Ave.**

(e) How long has MOTHER lived in Idaho? **3** yrs.

(f) Mother's mailing address **Sandpoint, Idaho**

3. RESIDENCE of FATHER (city, state **Sandpoint, "**

5. Date of Birth

(Month, day year) **July 26, 1891**

8. No. months of Pregnancy **9**

9. Legitimate? **Yes**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Delia Amanda Horning**

17. Color or Race **white** 18. Age at time of THIS birth **32** yrs

19. Birthplace **Watson Michigan**
(City or town) (State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or Business **None**

25. Attendant's OWN signature _____ M.D.

and address _____ (D.O., Midwife, etc.) Date _____

State of **Idaho**
County of **Bonner** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Delia Holton**, being first duly sworn, say that I am **related to** **Nellie Tot Holton** as **Mother** (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Mrs. Ferguson** (Name of attendant at birth)

said birth **is now deceased** and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Mrs. Delia Holton Signature

Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me on this **15** day of **August**, 19 **41**

(SEAL)

Evelyn E. Edmunds Notary Public, residing at **Sandpoint, Idaho**

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-327 032-443
AMENDED SEPTEMBER 2, 1954
(Be sure the information is as of date of birth of THIS child.)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 317502
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shoshone, Idaho
5. Date of Birth of Child
(Month, day, year) Dec. 27, 1891

4. **FULL NAME OF CHILD** Elizabeth Lee Earnhardt
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____
9. Legitimate? Yes

6. Sex Female

FATHER OF CHILD
10. **FULL NAME** James Wood Earnhardt
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Lexington, N. C.
(City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business R. R.

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anne May Mullins
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Lincoln County, Ky.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of California } ss.
County of Los Angeles }

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 76 years of age, that I have known this person for 50 years, and that
Dr. Redman, who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

James Wood Earnhardt Signature
905 South First Street Alhambra P. O. Address
Subscribed and sworn to before me this 4th day of August, 1941
(SEAL) Carla Buss, Notary Public, residing at Los Angeles
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on August 13, 1941 by Mabel F. Elder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States (Be sure the information is as of date of birth of THIS child) State File No. **317502**
Department of Commerce **AUG 13 1941** **CERTIFICATE OF BIRTH** Local Reg. No. _____
Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH Lincoln County
(a) County Shoshone (b) City Shoshone
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Shoshone

3. RESIDENCE of FATHER (city, state) Idaho
4. FULL NAME OF CHILD Elizabeth Lee Earnhardt 5. Date of Birth (Month, day year) 12-27-1893
6. Sex Female Twin or Triplet ☒ If so—born 1st, 2nd, 3rd ☒ 8. No. months of Pregnancy ☒ 9. Legitimate? ☒

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME James Wood Earnhardt 16. FULL MAIDEN NAME Anne May Earnhardt
11. Color white 12. Age at time of THIS birth 26 yrs. 17. Color white 18. Age at time of THIS birth 23 yrs.
13. Birthplace Lexington N.E. 19. Birthplace Lincoln County Ky.
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation mechanic 20. Exact Occupation Housewife
15. Industry or Business R.R. 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) **AUG 13 1941** (Date received) (b) Mary H. Eder (Mother, etc.) (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____ (Registrar's signature)

State of California } ss.
County of Los Angeles }

I, James Wood Earnhardt being first duly sworn, say that I am father of Elizabeth Lee Earnhardt (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Redman (Name of attendant at birth) _____, who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 4 day of August 1941
(SEAL) James Wood Earnhardt Signature
905 So. 1st St. Alhambra P. O. Address
Notary Public Los Angeles
In and for the County of Los Angeles, State of California

SEP 2 1917

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

SEP 2 1917

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA } ss. Certificate No. 317502
County of SAN DIEGO } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Elizabeth Lee Earnhardt who was born on December 27, 1893
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Shoshone, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) Photostat of Family Bible Record viewed by BVS Sept. 2, 1954
true facts are shown by Family Bible prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED
("Name," "Birth Date," "Cause of Death," Etc.)

5. Date of birth Dec. 27, 1893 TO
(As on Original) (The Correct Facts)
Dec. 27, 1891

Subscribed and sworn to before me this 21st day of
August, 1954.

D. P. Guy
Notary Public, residing at National City, Calif.
My commission expires _____
(Seal) My Commission Expires July 9, 1958

Signed Charles Curtis (Aunt)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
87-24-13th National City, Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of SAN DIEGO }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of
August, 1954.

D. P. Guy
Notary Public, residing at National City, Calif.
My commission expires _____
(Seal) My Commission Expires July 9, 1958

Signed Eva H. Williams (Assist.)
(Signature of Any Credible Person) Los Angeles
617 - West 34th St. L.A. Calif.
(Street Address, City, State)

drop to the ground.

It is a very small

bird, and it is very

common.

It

is a

very small

bird, and it is

very common.

It

is a

very small bird, and it is

very common.

It

is a very small

bird, and it is very

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

799 119007893

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318725

United States
Department of Commerce
Bureau of Census

AUG 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County BIAINE (b) City Hailey
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County BIAINE
(c) City HAILEY
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state) HAILEY, ID.

4. FULL NAME OF CHILD William Glen Price

5. Date of Birth
(Month, day, year) APRIL 17, 1919

6. Sex MALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 MO 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME MARK PRICE SR.

11. Color or Race WHITE 12. Age at time of THIS birth 21 yrs.

13. Birthplace JAMESTOWN, NEW YORK
(City or town) (State or foreign country)

14. Exact Occupation MECHANIC

15. Industry or Business WELL DRILLING

MOTHER OF CHILD

16. FULL MAIDEN NAME JAUNITA NETTIE HICKEY

17. Color or Race WHITE 18. Age at time of THIS birth 27 yrs.

19. Birthplace Quincy Ill.
(City or town) (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

AUG 25 1941

26. (a) _____ (Date received) (b) Maude H. G. Elder (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)

and address _____ Date _____

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Lola Cogburn, being first duly sworn, say that I am RELATED TO WILLIAM GLEN PRICE as SISTER (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ATTENDANT (Name of attendant at birth) who attended said birth _____ and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Mrs. Lola Cogburn Signature

Route 2, Boise, Ida. P. O. Address

Subscribed and sworn to before me on this 18th day of August, 1941.

(SEAL)

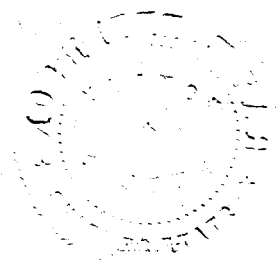
Ray C. Peterson Notary Public, residing at Boise, Ida.

NOV 16 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

AUG 20 1941

STATE OF IDAHO

State File No. 318820
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD Phillips Hamley

6. Sex Female 7. Twin or Triplet 7 If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Henry Hamley
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Riparian Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation saddle and harness business
15. Industry or Business Hamley and Company

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Kendrick Idaho

3. RESIDENCE of FATHER (city, state) Kendrick Idaho

5. Date of Birth
(Month, day year) July 20, 1891

8. No. months of Pregnancy 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Virginia Rathbun
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Melvin Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 P. M. on the date AUG 20 1941 and at the place stated above, and that personal particulars were furnished by Jennie Hamley, who is related to this child as Aunt
(First name) (Last name)

26. (a) AUG 20 1941 (Date received) (b) Mary H. Seeler (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Jennie Hamley M.D.
(D.O. Midwife etc.)
and address Proleton, Ore. Date 8/14/41

State of _____ } ss.
County of _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19____
(SEAL) _____ Notary Public, residing at _____
Signature _____
P. O. Address _____

8-25-44

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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318869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

AUG 29 1941

1. PLACE OF BIRTH: (a) County <u>Alturas</u> (b) City <u>Bellevue</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ at home (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county <u>10-15</u> years - month - days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Alturas</u> (c) City <u>Bellevue</u> (now <u>Blaine County</u>) (d) Street Address or R.F.D. No. _____ (e) How long had MOTHER lived in Idaho? <u>10 to 15</u> yrs. (f) Mother's mailing address <u>Deceased</u>	
4. FULL NAME OF CHILD <u>VERNON JESSE DAYTON</u>		5. Date of Birth <u>February 26, 1891</u> (Month, day, year)	
6. Sex <u>male</u>	7. Twin or Triplet _____	If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>
FATHER OF CHILD ...		MOTHER OF CHILD ...	
10. FULL NAME <u>William Preston Dayton</u>		16. FULL MAIDEN NAME <u>Josephine; Phenriette Dayton</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>32</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>30</u> yrs.
13. Birthplace <u>Cedar Fort</u> <u>Utah</u> (City or town) (State or foreign-country)	19. Birthplace <u>Cedar Fort</u> <u>Utah</u> (City or town) (State or foreign-country)		
14. Exact Occupation <u>(deceased)</u>	20. Exact Occupation <u>(deceased)</u>		
15. Industry or Business <u>was employed at Minnie-More Mine at time of this birth</u>		21. Industry or Business <u>(Housewife to father ...)</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead <u>2</u> (d) Stillborn _____			

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ A.M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 29 1941 (Date received) **(b)** Maud E. Martin (Registrar's signature)

27. Given name added on _____ **by** _____ (Registrar's signature)

25. Attendant's OWN signature _____ **M.D.** (D.O., Midwife, etc.)
and address _____ **Date** _____

State of Idaho
 County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MAUD E. MARTIN, being first duly sworn, say that I am related to (aunt) Vernon Jesse Dayton as Aunt (own sister of his mother) (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) (Name of attendant at birth)

(Maud E. Martin) Maud E. Martin Signature
708 O'Farrell Street, Boise, Idaho. P. O. Address

Subscribed and sworn to before me on this 29th day of August, 1941

(SEAL)

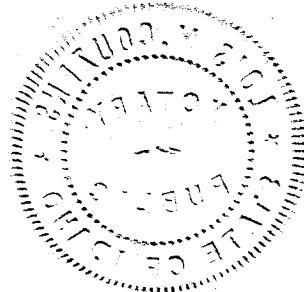
Louis M. Couzens Notary Public, residing at Boise, Idaho

JAN 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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#318912

318912

United States (Be sure the information is as of date of birth of THIS child) State File No. **318912**
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census SEP 8 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
 (a) County Boise (b) City Idaho City
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county 13 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Boise
 (c) City Idaho City
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 13 yrs.
 (f) Mother's mailing address Idaho City, Idaho

3. RESIDENCE of FATHER (city, state) Idaho Cy E

4. FULL NAME OF CHILD Charlotte Hazel Dodge 5. Date of Birth (Month, day year) Apr. 26, 1891
 6. Sex Female 7. Twin or Triplet ----- If so—born 1st, 2nd, 3rd ----- 8. No. months of Pregnancy ----- 9. Legitimate? Yes

FATHER OF CHILD
 10. FULL NAME William Dodge
 11. Color or Race White 12. Age at time of THIS birth 25 yrs.
 13. Birthplace Boise County Idaho
 (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business

MOTHER OF CHILD
 16. FULL MAIDEN NAME Ella Magee
 17. Color or Race White 18. Age at time of THIS birth 17 yrs.
 19. Birthplace Philadelphia, Pa.
 (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
 (c) Born alive and now dead -- (d) Stillborn -----

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is
 related to this child as..... (First name) (Last name)

26. (a) SEP 8 1941 (b) Mauiel Heeler 25. Attendant's
 (Date received) (Registrar's signature) OWN signature.....M.D.
 (D.O., Midwife, etc.)
 27. Given name added on.....by.....and address.....Date.....
 (Registrar's signature)

State of Idaho } ss.
 County of Ada

AFFIDAVIT To be completed when the attendant at birth is
 NOT LIVING or CANNOT BE LOCATED

I, Gertrude Tipton, being first duly sworn, say that I am acquainted with
 (Related to (or) acquainted with)
Charlotte Hazel Dodge as an acquaintance, whose birth certificate
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
 contained therein are true to the best of my knowledge. I further state that Dr. H. Zipp, who attended
 (Name of attendant at birth)
 said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 8th day of September, 1941
 (SEAL) John Jackson Notary Public residing at.....

Gertrude Tipton Signature
211 West Jefferson St., Boise, Idaho P. O. Address
Probate Judge Ada County, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

APR 15 1941

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **319015**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No. Fort Sherman, Idaho
(d) Name of Hospital or Maternity Home: Stayed at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 5 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No. Fort Sherman, Idaho
(e) How long has MOTHER lived in Idaho? FLve yrs.
(f) Mother's mailing address Fort Sherman, Idaho
3. RESIDENCE of FATHER (city, state) Fort Sherman, Idaho

4. FULL NAME OF CHILD Mary Ellen Roberts

5. Date of Birth (Month, day, year) August 19, 1941

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME William Wilbur Roberts
11. Color White 12. Age at time of THIS birth 53 yrs.
or Race _____ of _____
13. Birthplace Wales England
(City or town) (State or foreign country)
14. Exact Occupation Government plumber
15. Industry or Business _____

16. FULL MAIDEN NAME Elizabeth Hutton
17. Color White 18. Age at time of THIS birth 41 yrs.
or Race _____ of _____
19. Birthplace Shelbourne, Ontario, Canada
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living Two
(c) Born alive and now dead one (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 25 1941 (b) Mary Hager
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of Washington } ss.
County of Spokane

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

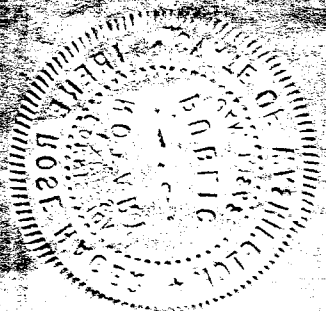
I, Catherine P. Hager, being first duly sworn, say that I am acquainted with Mary Ellen Roberts as acquaintance (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. D. Hall, smg. U.S.A., who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Catherine P. Hager Signature
1507 W. Park Ave., Spokane Wash. P.O. Address

Subscribed and sworn to before me on this 26 day of May 1941

(SEAL)

Mary Hager Notary Public, residing at Spokane, Wash.



Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be reviewed and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

(1937 Session Laws, Chapter 139, Section 4)

DELAYED REGISTRATION LAW

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

767 214 044 433

319041

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census AUG 26 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Washington (b) City Weiser, Idaho
(c) Street Address or R.F.D. No. Commercial St.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay BEFORE delivery: At home
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Commercial St.
(e) How long has MOTHER lived in Idaho? 46 yrs.
(f) Mother's mailing address: P.O. 211 Caldwell, Idaho

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Eda Cerissa Gorrie

5. Date of Birth (Month, day year) 6-14-1891

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Gorrie

11. Color White 12. Age at time of THIS birth. 34 yrs.

13. Birthplace Wellsboro Penna
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Permelia Utley

17. Color White 18. Age at time of THIS birth. 29 yrs.

19. Birthplace Spring Garden, Illinois
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child
(First name) (Last name)

26. (a) AUG 26 1941 (b) Mother, etc.
(Date received) (Registrar's signature)

25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)
and address Date

27. Given name added on by
(Registrar's signature)

State of Oregon } ss.
County of Jackson }

I, Sarah P. Driscoll, being first duly sworn, say that I am related to
Eda C. Gorrie as her mother
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Edwin E. Utley who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs. Sarah Permelia Driscoll Signature
Medford, Oregon P. O. Address

Subscribed and sworn to before me on this 27 day of August, 1941
(SEAL) Notary Public Notary Public, residing at Medford, Ore.

201 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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319187

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census SEP - 4 1941 STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH
 (a) County Barnock (b) City Pocatello
 (c) Street Address or R.F.D. No. 536 W. Lander St.
 (d) Name of Hospital or Maternity Home: at Home - 536 W. Lander St
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days.
 IN THIS county 2 years - month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Barnock
 (c) City Pocatello
 (d) Street Address or R.F.D. No. 536 W. Lander
 (e) How long has MOTHER lived in Idaho? 52 yrs.
 (f) Mother's mailing address 489 - Randolph

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Harry Barrett 5. Date of Birth Feb. 17 - 1891
 (Month, day year)

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
 8. No. months of Pregnancy 9 Mo. 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Thomas Barrett 16. FULL MAIDEN NAME Emma Jane Leather
 11. Color or Race white 17. Color or Race white
 12. Age at time of THIS birth 32 yrs. 18. Age at time of THIS birth 28 yrs.
 13. Birthplace England - Hockton - Eng. 19. Birthplace Flockton England
 (City or town) (State or foreign country) (City or town) (State or foreign country)
 14. Exact Occupation Janitor of Public School 20. Exact Occupation House wife
 15. Industry or Business " " " " 21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9
 (c) Born alive and now dead 4 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (b) Michael Heiser 25. Attendant's OWN signature deceased M.D. _____
 (Date received) (Registrar's signature) (D.O., Midwife, etc.)
 27. Given name added on _____ by _____ and address P Date _____
 (Registrar's signature)

State of Idaho } ss.
 County of Barnock

I, Albert E. Barrett, being first duly sworn, say that I am oldest Brother
to Harry Barrett as oldest Brother (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rooker, who attended said birth Now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located) (Name of attendant at birth)

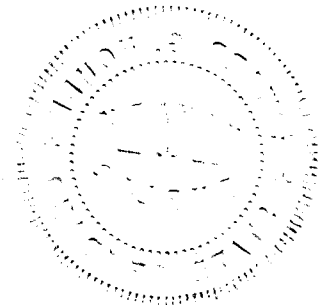
Subscribed and sworn to before me on this 29 day of August, 1941
Edward J. Houde Notary Public, residing at Pocatello Idaho
 (SEAL) Expires Feb. 26 - 1943

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

664 118 044 555

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **319268**
Local Reg. No. _____
Reg. Dist. No. _____

SEP - 6 1941

1. PLACE OF BIRTH

(a) County Washington (b) City Weiser
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Weiser, Idaho

3. RESIDENCE of FATHER (city, state)

5. Date of Birth February 18th 1891
(Month, day year)

4. FULL NAME OF CHILD Williams Abe Forste

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? _____

FATHER OF CHILD

10. FULL NAME Joseph Forste

11. Color or Race White 12. Age at time of THIS birth 37 yrs.

13. Birthplace Knoxville, Tenn
(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Aseyath Reedman

17. Color or Race White 18. Age at time of THIS birth 23 yrs.

19. Birthplace Columbus, Neb.
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) SEP - 6 1941 (b) Mabel E. Eder
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____ (D.O., Midwife, etc.)

State of Oregon } ss.
County of Clatsop

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Aseynath Reedman, being first duly sworn, say that I am related to Williams Abe Forste as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) who attended said birth _____ and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Aseynath Reedman Signature

Forsten, Washington P. O. Address

Subscribed and sworn to before me on this 26th day of August 19 41

(SEAL)

E. C. Forste

Notary Public, residing at Kyle, Clatsop Co

My commission expires June 19, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

- (a) County Latah (b) City Kendrick
(c) Street Address or R.F.D.No. American Ridge
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 9 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D.No. American Ridge
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Kendrick Idaho

3. RESIDENCE of FATHER (city, state) Kendrick Idaho

4. FULL NAME OF CHILD

Clarence Dougherty

5. Date of Birth

(Month, day year) March 5, 1891.

6. Sex male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Henry Dougherty
11. Color white 12. Age at time
or Race white of THIS birth 34 yrs.
13. Birthplace Berkeley California
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Jennings
17. Color white 18. Age at time
or Race white of THIS birth 23 yrs.
19. Birthplace Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) SEP 13 1941 (b) Maud E. Egan
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, E. W. Jessup being first duly sworn, say that I am acquainted
Clarence Dougherty as acquainted (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. R. Rathwell, who attended
said birth live and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 5 day of Aug. 1941
(SEAL) E. W. Jessup

Signature _____
P. O. Address Kendrick, Idaho
Notary Public residing at Kendrick, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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SEP 22 1941

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319597

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery: Home
In Hosp. or Mat. Home None days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise City
(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Boise City

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD

Georgia Dora Vaughan

5. Date of Birth

(Month, day year) June 9th 1891

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9 mo 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Henry Vaughan

11. Color or Race White 12. Age at time of THIS birth 32 yrs.

13. Birthplace Burlington Vermont State
(City or town) (State or foreign country)

14. Exact Occupation Dairy

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gora Chapman Stone

17. Color or Race White 18. Age at time of THIS birth 21 yrs.

19. Birthplace Sandwich Illinois
(City or town) (State or foreign country)

20. Exact Occupation Home

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living _____
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) SEP 22 1941 (b) Mabel H. Lecher (Mother, etc.)
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Gora Chapman Vaughan, being first duly sworn, say that I am related to _____
(Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. R. B. Spaulding who attended said birth is now deceased (Name of attendant at birth) and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Signature Mrs. Gora Vaughan
2705 W. Banquet St. P. O. Address
Boise City, Idaho 1941

Subscribed and sworn to before me on this 22 day of September 1941
(SEAL) [Signature] Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 22 1941

714123022-119

United States (Be sure the information is as of date of birth of THIS child) State File No. **319671**
 Department of Commerce SEP 15 1941 **CERTIFICATE OF BIRTH** Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
 (a) County Premont (b) City Victor
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay **BEFORE** delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Premont
 (c) City Victor
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 6 yrs.
 (f) Mother's mailing address Victor

3. RESIDENCE of FATHER (city, state) Victor, Idaho

4. FULL NAME OF CHILD Leslie Jarvis Paul **5. Date of Birth** (Month, day year) 9/23/1891
6. Sex Male **7. Twin or Triplet** If so—born 1st, 2nd, 3rd **8. No. months of Pregnancy** 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME William Henry Paul
11. Color or Race White **12. Age at time of THIS birth** 30 yrs.
13. Birthplace SALT LAKE CITY, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Lovina Ann Jarvis
17. Color or Race White **18. Age at time of THIS birth** 26 yrs.
19. Birthplace Yorkshire England (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) SEP 15 1941 (Date received) **(b)** Mabel Zieber (Registrar's signature) **25. Attendant's OWN signature** M.D. (D.O., Midwife, etc.)
27. Given name added on **by** and address Date

State of Utah } ss.
 County of Preber }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
 I, Lovina Ann Jarvis Paul, being first duly sworn, say that I am Related to Leslie Jarvis Paul as The Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Enon (Name of attendant at birth) who attended said birth Is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mrs Louisa Paul Signature
25-1-2nd St. Glen Utah P. O. Address
 Subscribed and sworn to before me on this 13th day of September 1941
 (SEAL) Ben Paul Notary Public, residing at Glen Utah
 My commission expires Mar. 15, 1942

6 1650

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **319675**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Volmer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days
IN THIS county years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Volmer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho 6 Mo. yrs.
(f) Mother's mailing address Volmer, Idaho

3. RESIDENCE of FATHER (city, state) Volmer, Ida.
4. FULL NAME OF CHILD Florence Gertrude Burns
5. Date of Birth (Month, day year) June 7, 1891
6. Sex Female **7. Twin or Triplet** If so—born 1st, 2nd, 3rd **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

FATHER OF CHILD
10. FULL NAME John Douglas Burns
11. Color or Race White **12. Age at time of THIS birth** 26 yrs.
13. Birthplace Scotland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Dora Jane Freeburn
17. Color or Race White **18. Age at time of THIS birth** 24 yrs.
19. Birthplace Ponca, Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) Sept 15-1941 (b) Sept 15-1941 (c) Sept 15-1941 (d) Sept 15-1941
(Date received) (Date received) (Date received) (Date received)
27. Given name added on by and address
(Registrar's signature) (D.O., Midwife, etc.)

State of Washington } ss.
County of Garfield

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Dora Ramsay, being first duly sworn, say that I am Related to Florence Gertrude Burns as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. M. Thorp, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Dora J. Ramsay Signature
Pomeroy, Washington P. O. Address

Subscribed and sworn to before me on this 12th day of September, 1941.
(SEAL) Harry L. Richard Notary Public, residing at Pomeroy, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-110-006-316

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United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce SEP 18 1941 CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Bingham (b) City Wilford
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: _____
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days.
 IN THIS county --- years 9 month -- days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Utah (b) County Millard
 (c) City Fillmore
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? 9 Mo.
 (f) Mother's mailing address Wilford, Idaho

3. RESIDENCE of FATHER (city, state) Fillmore, Utah

4. FULL NAME OF CHILD Leonidas Marion Hickman 5. Date of Birth (Month, day year) Sept. 10, 1891
 6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9 mos, Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Josiah Edwin Hickman 16. FULL MAIDEN NAME Martha Augusta Lawisch
 11. Color White 12. Age at time of THIS birth 29 yrs. 17. Color White 18. Age at time of THIS birth 21 yrs.
 13. Birthplace Salem Utah, U. S. A. 19. Birthplace Hanover Germany
 (City or town) (State or foreign country) (City or town) (State or foreign country)
 14. Exact Occupation Teacher 20. Exact Occupation Teacher and housewife
 15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 1
 (c) Born alive and now dead nil (d) Stillborn nil

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) SEP 18 1941 (Date received) (b) Margaret C. Lickman (Mother, etc.) (Registrar's signature)
 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
 27. Given name added on _____ by _____ and address _____ Date _____ (Registrar's signature)

State of Utah } ss.
 County of Cache }

I, Martha A. Hickman, being first duly sworn, say that I am related to
Leonidas Marion Hickman as Mother (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Alice Hammond, who attended said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located) (Name of attendant at birth)

Martha A. Lawisch Lickman Signature
54 South 3rd West, Logan, Utah P. O. Address
 Subscribed and sworn to before me on this 16th day of September, 1941.
 (SEAL) Margaret C. Lickman Notary Public, residing at Logan, Utah.
 My commission expires: January 12, 1943.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-203-028-215

320934

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
SEP 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Rootenai (b) City Post Falls
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 2 years month days

4. FULL NAME OF CHILD NORMA WILLIS CLARKE

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD
10. FULL NAME Charles Woodruff Clarke

11. Color White 12. Age at time of THIS birth 43 yrs.

13. Birthplace Forrestville, Conn.
(City or town) (State or foreign country)

14. Exact Occupation _____

15. Industry or Business Real Estate

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (b) Mabel Heeder
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Rootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 2 yrs.

(f) Mother's mailing address Post Falls, Idaho

3. RESIDENCE of FATHER (city, state) Post Falls, Ida.

5. Date of Birth (Month, day year) Nov. 3, 1891

8. No. months of Pregnancy _____ 9. Legitimate? Yes

MOTHER OF CHILD
16. FULL MAIDEN NAME Emma Jane Sanborn

17. Color White 18. Age at time of THIS birth 39 yrs.

19. Birthplace Rochester, New York
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business _____

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)

and address _____ Date _____

State of New Jersey } ss.
County of Cape May

I, Cora E. Wilhelm, being first duly sworn, say that I am related to
Norma Willis Clarke as an elder sister (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown to me, who attended
(Name of attendant at birth)

said birth cannot be located and that this birth has not been previously recorded.
(is now deceased) (or) cannot be located

Signature Cora E. Wilhelm
P. O. Address 5017 12ard St. Omaha, Neb.

Subscribed and sworn to before me on this 17th day of September, 1941
(SEAL) Clinton B. Price Notary Public, residing at Ocean City, N.J.

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

1941 OCT 15

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#321232

321232

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census OCT 9 1941 STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Ada Co. (b) City Boise
 (c) Street Address or R.F.D. No. W.S. Ave
 (d) Name of Hospital or Maternity Home: at own Residence
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days.
 IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
 (c) City Boise
 (d) Street Address or R.F.D. No. W.S. Ave
 (e) How long has MOTHER lived in Idaho? 1 1/2 yrs.
 (f) Mother's mailing address res 624 So. 14th

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD

Marrin Ellis Wright

5. Date of Birth

(Month, day year) May 2nd 1891

6. Sex Male 7. Twin or Triplet no 8. so-born 1st, 2nd, 3rd

9. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Samuel Park Wright
 11. Color or Race White 12. Age at time of THIS birth 31 yrs.
 13. Birthplace Arlington Illinois (City or town) (State or foreign country)
 14. Exact Occupation Carpenter
 15. Industry or Business _____

16. FULL MAIDEN NAME Margaret Rebecca Goul
 17. Color or Race White 18. Age at time of THIS birth 23 yrs.
 19. Birthplace Gumcey Ill. (City or town) (State or foreign country)
 20. Exact Occupation housewife
 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
 23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 9 1941 (b) Margaret H. Goul (Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
 and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho } ss.
 County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Margaret Rebecca Wright, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Marrin Ellis Wright as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Margaret Rebecca Goul (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Margaret Rebecca Wright Signature
524 So. 14th Boise Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of October, 1941
 (SEAL) Ferneth C. King Notary Public, residing at Boise, Idaho

OCT 10 1941

MAY 15 1963

JAN 14 1983

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

64113 028-168

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **321346**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Rootenai (b) City Clark Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home..... days.
IN THIS county 3 years month days

4. FULL NAME OF CHILD

Roy Hugh Oman

6. Sex Male Twin of Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Charles Oman
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Sueden
(City or town) (State or foreign country)
14. Exact Occupation mill owner
15. Industry or Business mill owner

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Rootenai
(c) City Clark Fork
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Clark Fork, Idaho

3. RESIDENCE of FATHER (city, state)

Clark Fork, Ida.

5. Date of Birth (Month, day year) Feb 18-1891

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Johnson
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Vadstena Sueden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5 A. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mother, who is related to this child as Mother (First name) (Last name)

26. (a) SEP 29 1941 (b) Mary H. Keeler 25. Attendant's OWN signature..... M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given, name added on..... by..... and address..... Date.....
(Registrar's signature)

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I Emma Oman, being first duly sworn, say that I am related to Roy Hugh Oman as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Allen, his wife, who attended said birth is now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Oman Signature
4437 Talapog ave P. O. Address

Subscribed and sworn to before me on this 29th day of Sept, 1941

(SEAL)

Flore Robinson Notary Public, residing at Los Angeles Calif

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

399 118 035 '673
 United States (Bureau of Census) information is as of date of birth of THIS child. State File No. **321496**
 Department of Commerce OCT 7 1941 **CERTIFICATE OF BIRTH** Local Reg. No.
 Bureau of Census **STATE OF IDAHO** Reg. Dist. No.

1. PLACE OF BIRTH
 (a) County Myra (b) City Sandwich
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay **BEFORE** delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Myra
 (c) City Sandwich
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? yrs.
 (f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state) Sandwich Idaho

4. FULL NAME OF CHILD Fred Merrill Triplett
5. Date of Birth (Month, day year) Jan. 18, 1891
6. Sex Male **7. Twin or Triplet** Triplet **8. No. months of Pregnancy** 9. Legitimate? Yes
 If so—born 1st, 2nd, 3rd

FATHER OF CHILD
10. FULL NAME Jefferson Davis Triplett
11. Color or Race White **12. Age at time of THIS birth** 29 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Ella Howard Williams
17. Color or Race White **18. Age at time of THIS birth** 21 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by, who is related to this child
 (First name) (Last name)

26. (a) Oct 7 1941 **(b)** M. H. Keiser **25. Attendant's OWN signature** **M.D.**
 (Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on **by** **and address** **Date**
 (Registrar's signature)

State of Idaho } ss.
 County of Myra }
 I, Mrs. Ella Triplett, being first duly sworn, say that I am related to Fred Merrill Triplett as Mother (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no physician (Name of attendant at birth) who attended said birth and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

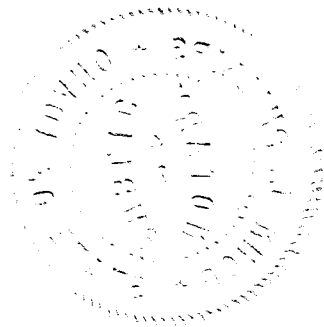
AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
Ella Triplett Signature
613-5th Ave. Lewiston, Idaho Address
 Subscribed and sworn to before me on this 2nd day of Oct. 1941
 (SEAL) John H. Phillips Notary Public, residing at Lewiston, Idaho

OC. 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

252124 001851

321620

321630

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce 007 17 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH *Ada, Idaho*
(a) County *Ada* (b) City *Boise*
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county *31* years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State *Idaho* (b) County *Ada*
(c) City *Boise*
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? *1* yrs.
(f) Mother's mailing address.

4. FULL NAME OF CHILD *Heath Sebern*
6. Sex *Male* 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE of FATHER (city, state) *Boise, Idaho*
5. Date of Birth (Month, day year) *Feb 24, 1891*
8. No. months of Pregnancy 9. Legitimate? *Yes*

FATHER OF CHILD
10. FULL NAME *Milton Henry Sebern*
11. Color or Race *White* 12. Age at time of THIS birth *35* yrs.
13. Birthplace *Indianapolis, Indiana*
(City or town) (State or foreign country)
14. Exact Occupation *Liveryman*
15. Industry or Business *Livery*

MOTHER OF CHILD
16. FULL MAIDEN NAME *Sarah Matilda Heath*
17. Color or Race *White* 18. Age at time of THIS birth *31* yrs.
19. Birthplace *Penn.*
(City or town) (State or foreign country)
20. Exact Occupation *Housewife*
21. Industry or Business *Housewife*

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child *4* (b) Born alive and now living *3*
(c) Born alive and now dead *1* (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) *Feb 17-1941* (b) *Mabel H. Fisher*
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)
and address Date

State of
County of ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I,, being first duly sworn, say that I am (Related to (or) acquainted with)
as (State relationship or acquaintance) whose birth certificate
(Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended
said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

..... Signature
..... P. O. Address
Subscribed and sworn to before me on this day of, 19.....
(SEAL) Notary Public, residing at

OCT 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

UNITED STATES OF AMERICA)
Territory of Alaska) ss.

JAN 4 1941
RECEIVED

LUCRETIA SEBERN BOTSFORD, being first duly sworn on oath deposes and says: I am the sister of Heath Sebern of Boise, Idaho; the said Heath Sebern, son of Milton Henry and Sarah Matilda Heath Sebern, was born at Boise City Idaho, on February 24, 1891.

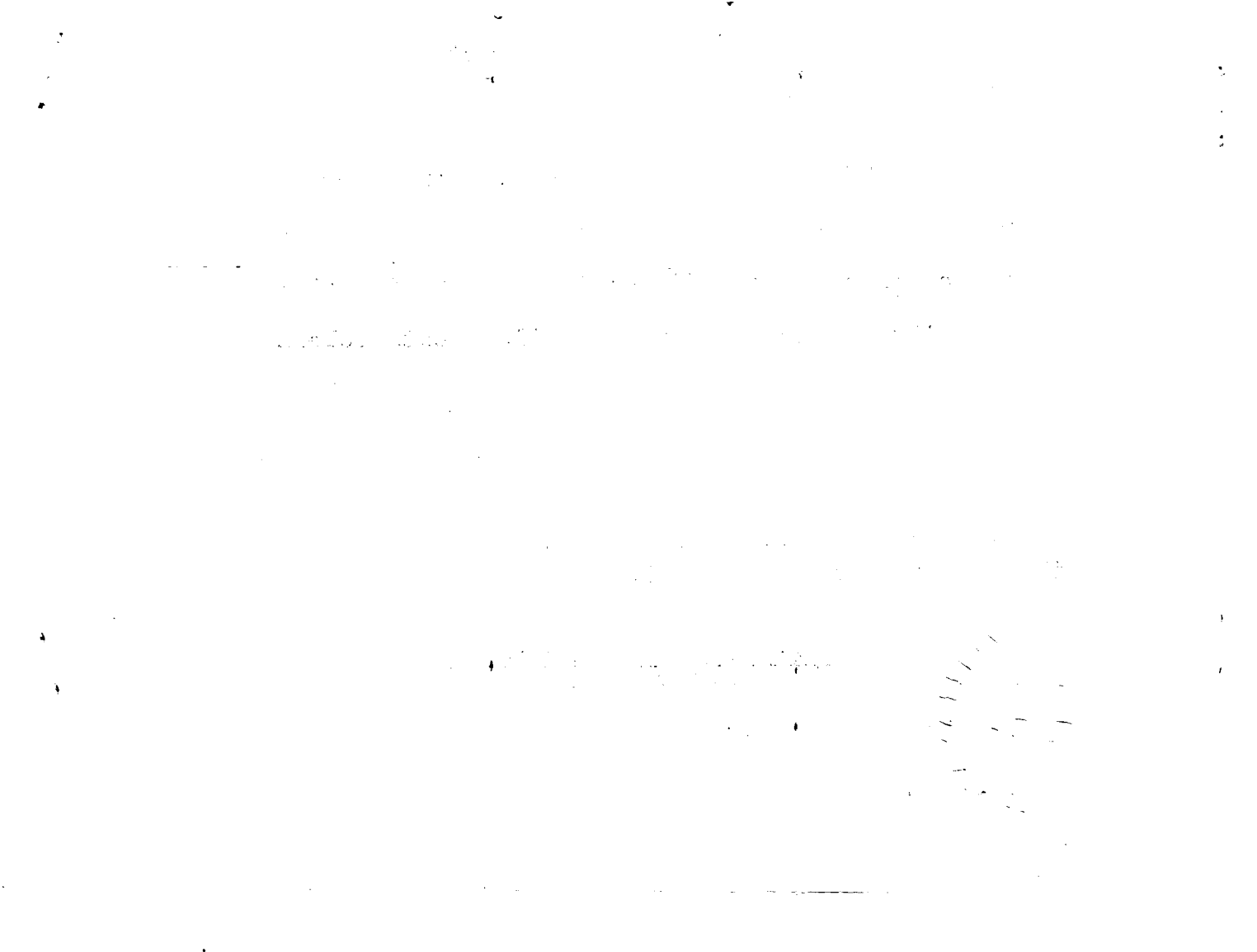
Lucretia Sebern Botsford

Subscribed and sworn to before me
this 20th day of January, 1941.

Arnold E. Stabler
Notary Public

My Commission expires:

Oct 7, 1941



BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge. Each certified copy requires an advance payment of fifty cents, money order or coin.

238 221 003-652

321659

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH OCT 9 1941
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Harrison Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Harrison Ave
(e) How long has MOTHER lived in Idaho? 50 yrs.
(f) Mother's mailing address Dead

4. FULL NAME OF CHILD Mary Katherine Schroeder
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME John German
11. Color or Race White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Rockford, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Railroad

MOTHER OF CHILD
16. FULL MAIDEN NAME Annie West
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Grantham, England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 9 1941 (b) Mary Helder 25. Attendant's OWN signature _____ M.D. (Date received) (Registrar's signature) and address _____ Date _____
27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho } ss.
County of _____ }
I, Leshia G. Paddelford being first duly sworn, say that I am related to Mary Katherine Schroeder as sister (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bean (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.
Leshia G. Paddelford Signature
341 So. Alvarado Los Angeles, Calif.

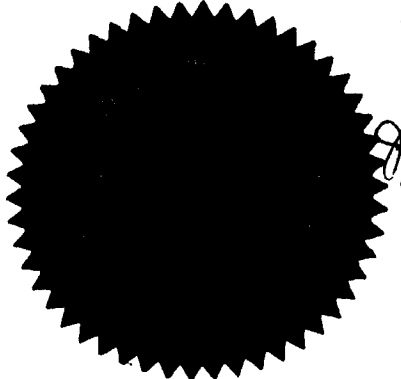
AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of California, } ss.
County of Los Angeles. }

On this 3rd day of October, in the year nineteen hundred and forty-one, A.D., before me, James E. Lannan, a Notary Public in and for the said County of Los Angeles, State of California, residing therein, duly commissioned and sworn, personally appeared Leshia G. Paddelford known to me known to me competent and credible witness for that purpose by me duly sworn, to be the person described in, whose name is subscribed to, and who executed the within instrument, and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in said County the day and year in this certificate first above written.

James E. Lannan
Notary Public in and for Los Angeles County, State of California.



OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

955-204 044 236

321829

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census OCT 15 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Washington (b) City Salubra
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days
IN THIS county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Salubra
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address:

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Nora Edith Rees 5. Date of Birth Apr. 4, 1891
(Month, day year) Apr. 4, 1891
6. Sex Female 7. Twin or Triplet No 8. No. months of Pregnancy 9 9. Legitimate? yes
1st, 2nd, 3rd

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Nathan Elmer Rees 16. FULL MAIDEN NAME Missouri Scott
11. Color or Race White 12. Age at time of THIS birth 31 yrs. 17. Color or Race White 18. Age at time of THIS birth 21 yrs.
13. Birthplace Missouri (City or town) (State or foreign country) 19. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) OCT 15 1941 (b) Mabel B. Hedger 25. Attendant's OWN signature M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on ✓ and address Date

State of Calif. } ss.
County of San Bern
I, Missouri Rees, being first duly sworn, say that I am mother (Related to (or) acquainted with)
Nora Edith Rees as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 11th day of Oct, 1941
(SEAL) Mabel B. Hedger Notary Public, residing at Bakersfield Calif
MY COMMISSION EXPIRES Jan 1, 1942

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
Signature Missouri Rees
O. Address 700 Cass St. Bakersfield Calif

10-15-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-220-045-523

321885

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Alturas (b) City Hailey
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: Idaho
at home
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home. _____ days.
 IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Alturas
 (c) City Hailey
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? _____ yrs.
 (f) Mother's mailing address 804 E. Long St.

3. RESIDENCE of FATHER (city, state) Lakeland Fla

4. FULL NAME OF CHILD

Nettie Madge Henry (~~Atson~~)

5. Date of Birth
 (Month, day year) July 20 - 1891

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? _____

FATHER OF CHILD

10. FULL NAME Ziba Grand Henry
 11. Color or Race white 12. Age at time of THIS birth 27 yrs.
 13. Birthplace Milan Ohio
 (City or town) (State or foreign country)
 14. Exact Occupation Electrician
 15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Estabrook
 17. Color or Race white 18. Age at time of THIS birth 21 yrs.
 19. Birthplace Manchester Iowa
 (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Oct. 21 - 1941 (b) Maternal (c) Heber
 (Date received) (Registrar's signature)
 27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
 and address _____ Date _____

State of Florida } ss.
 County of Palm

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Nettie Henry, being first duly sworn, say that I am related to mother of Nettie Madge Henry (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that date (Name of attendant at birth), who attended said birth cannot be located and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)
None forgotten

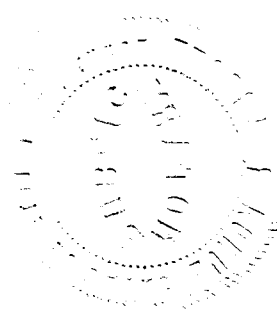
Signature _____
804 E. Long St. Lakeland Fla. P. O. Address
 Subscribed and sworn to before me on this 19th day of October 1941
 (SEAL) Florida Notary Public, State of Florida at large, Notary Public, residing at Lakeland Fla.
 My commission expires Jan. 11, 1943.

JAN 10 2013

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386 126 019 955

321940

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Custer (b) City Goldburg
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: Home
In Hosp. or Mat. Home.....days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Custer
(c) City Goldburg
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address Dead

3. RESIDENCE of FATHER (city, state) Dead

4. FULL NAME OF CHILD FRANK DEAN THOMAS

5. Date of Birth 4/26/1891
(Month, day year)

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Duncan Shelton Thomas
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Coffeville, Alabama
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Reese
17. Color or Race White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 4 A.M. on the date born alive, stillborn
and at the place stated above, and that personal particulars were furnished by myself, who is related to this child as half brother
(First name) (Last name)

26. (a) OCT 20 1941 (b) Mabel H. G. Lefler
(Date received) (Registrar's signature)

25. Attendant's OWN signature J. A. Richards M.D.
101 So. Bunker Hill (D.O. Midwife, etc.)
and address Los Angeles, Cal. date 10/15/41

27. Given name added on by by
(Registrar's signature)

State of California } ss.
County of San Diego

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Frank Dean Thomas, being first duly sworn, say that I am the person making certificate as half brother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I was present, who attended said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature
P. O. Address

Subscribed and sworn to before me on this.....day of....., 19.....

(SEAL)

Notary Public, residing at.....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

218-111-261-659

#322912

322912

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

4. FULL NAME OF CHILD

John Weir Baker

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME John Crockett Baker
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Salem Oregon
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Grocery

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address Jerome Idaho

3. RESIDENCE of FATHER (city state)

5. Date of Birth Nov. 11, 1891
(Month, day year)

8. No. months of Pregnancy 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Lenore Weir
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Indiana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Agnes S. Baker, who is related to this child as mother.
(First name) (Last name)

26. (a) OCT 23, 1941 (b) M. S. Baker 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given name added on by and address Date
(Registrar's signature)

State of Idaho } ss.
County of Jerome
I, Agnes S. Baker, being first duly sworn, say that I am mother of John Weir Baker, as son, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. M. Shaulding, who attended said birth is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Signature Agnes S. Baker P. O. Address Jerome Ida.
Subscribed and sworn to before me on this 21st day of October, 1941.
(SEAL) Wm. J. White Notary Public, residing at Jerome, Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>unknown</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. IN THIS county years month days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (f) Mother's mailing address.....	
3. RESIDENCE of FATHER (city, state) <u>Pocatello, Idaho</u>		4. FULL NAME OF CHILD <u>Gei Coe</u>	
5. Date of Birth (Month, day year) <u>Thur., June 18 1891</u>		6. Sex <u>Male</u>	
7. Twin or Triplet		8. No. months of Pregnancy	
9. Legitimate? <u>Yes</u>		10. FULL NAME <u>Charles Edwin Coe</u>	
11. Color or Race <u>White</u>		12. Age at time of THIS birth <u>32</u> yrs.	
13. Birthplace <u>Pontiac, Illinois</u> (City or town) (State or foreign country)		14. Exact Occupation <u>Sta. Agt., O. S. L R. R.</u>	
15. Industry or Business <u>Railroad</u>		16. FULL MAIDEN NAME <u>Theresa Geiger Coe</u>	
17. Color or Race <u>White</u>		18. Age at time of THIS birth <u>24</u> yrs.	
19. Birthplace <u>Rockport, Missouri</u> (City or town) (State or foreign country)		20. Exact Occupation <u>Housewife</u>	
21. Industry or Business		22. Name prophylactic used to prevent Ophthalmia Neonatorum	
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living..... (c) Born alive and now dead (d) Stillborn		24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date..... (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)	
26. (a) <u>OCT 23 1941</u> (Date received) (b) <u>M. H. Geiger</u> (Registrar's signature)		25. Attendant's OWN signature (D.O., Midwife, etc.)	
27. Given name added on (Registrar's signature)		and address Date	

State of California } ss.
County of San Mateo

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Neva Coe Hudson, being first duly sworn, say that I am Eldest Sister Related (Related to (or) acquainted with)
Gei Coe as Eldest Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Neva Coe Hudson Signature
711-21st Ave., San Francisco, Cal. P. O. Address
Oct 23 1941
L. A. Blum Notary Public, residing at Burlingame, Cal.
Subscribed and sworn to before me on this 18th day of Oct, 1941
(SEAL) San Mateo County, Calif

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

714-112-019-655

323248

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Custer (b) City Bay Horse
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Custer
(c) City Bay Horse
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Joseph Edward Paul

5. Date of Birth

(Month, day year) April 12, 1891

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME

Thomas J. Paul

11. Color

or Race White

12. Age at time

of THIS birth 37 yrs.

13. Birthplace

Sikeston, Missouri

(City or town)

(State or foreign country)

14. Exact

Occupation Hotel

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Margaret Ann Oneil

17. Color

or Race Wh

18. Age at time

of THIS birth 28 yrs.

19. Birthplace

Johnstown, Penn

(City or town)

(State or foreign country)

20. Exact

Occupation Hotel

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) Oct 29 - 1941 (b) Margaret Oneil 25. Attendant's
(Date received) (Registrar's signature) **OWN** signature M.D.
(D.O., Midwife, etc.)

27. Given name added on by and address Date
(Registrar's signature)

State of } ss.
County of

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I,, being first duly sworn, say that I am (Related to (or) acquainted with) as (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended said birth and that this birth has **not been previously recorded**.
(Is now deceased (or) cannot be located)

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this day of, 19.....

(SEAL)

Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

County of Ada,)
) ss.
State of Idaho,)

OCT 27 1941

Mrs. Holly Elder, of Boise, County of Ada, State of Idaho, being first duly sworn, deposes and says:

That she was present and acted as nurse at the birth of Joseph E. Paul, at Bayhorse, Idaho, Custer County, on April 12, 1891, caring for the mother, Mrs. Thomas J. Paul, and knows positively that the date of birth was as before stated, on April 12, 1891.

(Signed) Mrs. Holly Elder,

Subscribed and sworn to before me a Notary Public in and for Ada County, State of Idaho, on October 20th, 1941.

John B. Dunbar
Notary Public, Residing at Boise,
County of Ada, State of Idaho.

(Seal)

My Commission Expires Dec. 13, 1942

CALIF. BUREAU OF
COUNTY CLERKS

County of _____
City of _____

State of _____

County of _____

is a _____ from _____ including the child _____
(p) Born _____

CANNOT BE LOCATED

1

we sent at birth to

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

323333

United States (Be sure the information is as of date of birth of THIS child) State File No. 2
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census OCT 15 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Idaho (b) City Rustic
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Chester House 5. Date of Birth (Month, day year) Aug 9, 1891
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Ira Lazell House	16. FULL MAIDEN NAME	Mary Angeline Sanders
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	44 yrs.	18. Age at time of THIS birth	32 yrs.
13. Birthplace (City or town) (State or foreign country)	New York	19. Birthplace (City or town) (State or foreign country)	Near Louisville, Ky.
14. Exact Occupation	Show Business	20. Exact Occupation	Show Business
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

26. (a) OCT 15 1941 (b) (Mother, etc.) Registrar's signature 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
27. Given name added on by (Registrar's signature) and address Date

State of Oklahoma } ss.
County of Creek }

I, Rosa B. Wright, being first duly sworn, say that I am related as Cousin 46 1/2 years older (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor (Name of attendant at birth) who attended said birth is deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 4 day of October 1941
(SEAL) Notary Public, residing at Lapuepa Okla.
Signature P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dawson, Oklahoma
October 24, 1941

I, Daisy House Fishbaugh, only living sister of Chester House, and his nearest of kin, do make the following statement under oath:

Neither of our parents is living, father having died when Chester was age twelve, and mother having died in January, 1938, at Dawson, Oklahoma.

My brother had Rosa B. Wright, his cousin, sign the affidavit as she is sixteen years older than himself, and I am only two and one half years older than he.

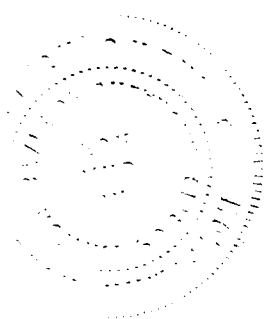
If the form is not now correct and complete, please send another with further instructions.

Daisy Fishbaugh.

wore to before me this 25th day of Oct 1941

Alga Hamilton
Notary Public
Com. Expires Jan 18-44

OCT 30 1941



285 214 029 994

323538

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Latah (b) City Near Troy
(c) Street Address or R.F.D. No. 7
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County Latah
(c) City Near Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address:

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

MADGE CARLYLE SHERIDAN

5. Date of Birth (Month, day year) MAY 14, 1891

6. Sex FEMALE 7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME OREN SIGNAL SHERIDAN
11. Color or Race WHITE 12. Age at time of THIS birth 23 yrs.
13. Birthplace Indian INDIANA
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME JANE RIDGILL
17. Color or Race WHITE 18. Age at time of THIS birth 23 yrs.
19. Birthplace CUTLER INDIANA
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Personal Knowledge who is related to this child as Aunt (First name) (Last name)

26. (a) May 7-1941 (b) Maude E. Fisher
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's OWN signature Aunt M.D.
(D.O., Midwife, etc.)
and address Ridgefield, Wn. Date Oct. 4, 1941

State of Washington } ss.
County of Clark

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Minnie J. Sheridan Thomas, being first duly sworn, say that I am Related to Madge Carlyle Sheridan as Aunt (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dec'd (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs. Minnie J. Sheridan Thomas x Signature
Ridgefield, Wn. P. O. Address

Subscribed and sworn to before me on this 14th day of October, 1941
(SEAL) A. C. Corneen Notary Public, residing at Ridgefield, Wn.

MAR 8 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4-1-11

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

264 229025 866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **323687**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 9 days.
In **THIS** county 9 years 9 months 9 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Grangeville, Idaho
3. **RESIDENCE OF FATHER** (city, state) Grangeville, Idaho

4. **FULL NAME OF CHILD** Olive Rosemand Soderburg
6. Sex female 7. Twin or Triplet --- If so—born 1st, 2nd, 3rd ---

5. Date of Birth (Month, day, year) April 29, 1941
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Olof Peter Soderburg
11. Color or Race white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Ovanaker Sweden
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business ---

16. **FULL MAIDEN NAME** Emma Grace Howard
17. Color or Race white 18. Age at time of THIS birth 34 years
19. Birthplace Jeferson County, Iowa
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead --- (d) Stillborn ---

24. I HEREBY CERTIFY That I attended the birth of this child, who was --- at --- M. on the date --- and at the place stated above, and that personal particulars were furnished by --- who is related to this child as --- (First name) (Last name)

26. (a) NOV 12 1941 (Date received)
(b) Mary J. Soderburg (Registrar's signature)
27. Given name added on --- by --- (Registrar's signature)

25. Attendant's **OWN signature** --- M.D. or --- (D.O., Midwife, etc.)
and address --- Date ---

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Olof Peter Soderburg being first duly sworn, say that I am related to deceased
Olive Rosemand Soderburg as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Milt. Cambridge who attended said birth deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Olof Peter Soderburg Name
Grangeville, Idaho P. O. Address

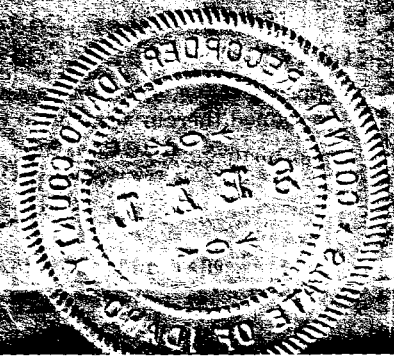
Subscribed and sworn to before me on this 1st day of November, 1941
(SEAL) Mary J. Soderburg Notary Public, residing at Grangeville, Idaho
County Recorder

OCT 23 1966

DELAYED REGISTRATION LAW

(This Chapter Last, Chapter 12, Section 4)

Where the birth of a child was not reported to the registrar of the State by the 1911 Section Laws, but has been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the State of California, provided that such report is accompanied by a statement of the father, mother, or guardian, or some person having knowledge in the premises, that the child is living, and that the father, mother, or guardian, or some person having knowledge in the premises, is the nearest of kin or guardian, or some person having knowledge in the premises.



391-101-008-367

323990

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Alpha
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: 3 years 5 months 5 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Alpha
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 months three yrs.
3. **RESIDENCE OF FATHER** (city, state) Alpha, Idaho

4. **FULL NAME OF CHILD** George Leroy Cramer
5. Date of Birth of Child (Month, day, year) Nov. 1, 1891
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** William ~~XXX~~ Morris Cramer
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Columbus, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ruth Jane Corbourn
17. Color white 18. Age at time of THIS birth 35 yrs.
19. Birthplace Bates County, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Gen

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 50 years, and that William Morris Cramer, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlie Gross Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of November, 1941
(SEAL) Margaret E. Moke Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires Oct. 13, 1941

Received for filing on NOV 22 1941 by Margaret E. Moke, Registrar.

NOV 28 1941

FEB 26 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 28 1941

763-213-003-496

323996

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce 21 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 554 S. Main
(d) Name of Hospital or Maternity Home: In the home
(e) Mother's stay BEFORE delivery: IN THIS county 1 years 10 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 554 S. Main
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Emma Ortense Golding
5. Date of Birth of Child (Month, day, year) Oct. 13, 1891

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd no 8. No. months of Pregnancy 7 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Thomas Golding
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Birmingham, England
(City or town) (State or foreign country)
14. Exact Occupation Salesman for Horsely lumbr.
15. Industry or Business Horsley Lumber Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Marie Droubay
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at at M. on the date at (Born alive stillborn)
and at the place stated above, and that personal particulars were furnished by Josephine D. Golding, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of Idaho County of Bannock } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 25 years of age, that I have known this person for 25 years, and that Dr. J. H. Brown, who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine D. Golding Signature
653 W. Lanthier Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 18 day of November, 1941
(SEAL) Clayce Brown Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 21 1941 by Marcel L. Grier Registrar.

NOV 22 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 22 1911
Vol 22 MON

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236 109 001-255

325028

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census NOV 24 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County ada (b) City Boise
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home: not known
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days not known
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Elmore
(c) City Pine Grove
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Pine Grove

3. RESIDENCE of FATHER (city, state) Pine Grove Ida

4. FULL NAME OF CHILD

George Wilson Sloan

5. Date of Birth (Month, day year) Sept 9th 1891

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oliver Sloan
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Clinton Iowa (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Cynthia Anna Benton
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Little Rock, Arkansas (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) NOV 24 1941 (b) Mabel E. Keefe (Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of California } ss.
County of Tahama

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Leota M. Finnell, being first duly sworn, say that I am Cousin (Related to (or) acquainted with)
George Wilson Sloan as Cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Masters, who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

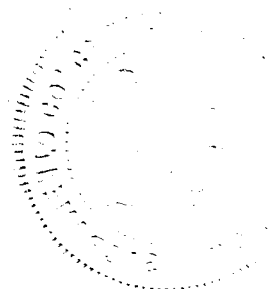
Subscribed and sworn to before me on this 22 day of November 1941
(SEAL) Leota M. Finnell Signature
1941-47 S. Sacramento P. O. Address
Notary Public, residing at Sacramento Calif.

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



259-115044 256

United States
Department of Commerce
Bureau of Census

NOV 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **325062**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Washington (b) City near Council
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: none at home

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days. at home
IN THIS county 9 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City near Council

(d) Street Address or R.F.D. No. RFD
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Council Idaho

3. RESIDENCE of FATHER (city, state) Council Idaho

4. FULL NAME OF CHILD

Herbert Henry Beier

5. Date of Birth

(Month, day year) June 15, 1891

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Frederick William Beier

11. Color or Race white 12. Age at time of THIS birth 38 yrs.

13. Birthplace near Buffalo, New York
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME

Amelia Snow

17. Color or Race white 18. Age at time of THIS birth 23 yrs.

19. Birthplace Ephraim, Utah
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) Nov 18-1941 (b) Maui Beier
(Date received) (Registrar's signature)

25. Attendant's OWN signature. M.D.
(D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature)

and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Amelia Beier, being first duly sworn, say that I am related to
Herbert Henry Beier as Mother
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Amelia Snow, who attended

said birth is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Amelia Beier Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of November 19 41
(SEAL) John J. O'Connell Notary Public, residing at Weiser, Idaho

DEC 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

145-109-006-155

DEC 3 1941

325149

325149

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325149
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH Bonnaville
(a) County Bingham (b) City Eagle Rock
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Eagle Rock
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2-3 yrs.
(f) Mother's mailing address.
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Charles Elwood Arney, Junior
5. Date of Birth (Month, day year) January 9-1891
6. Sex Male 7. Twin or Triplet No 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Charles Elwood Arney
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Albion, Marshall Co. Iowa
(City or town) (State or foreign country)
14. Exact Occupation School Teacher - Presinct County
15. Industry or Business State Official R.R. Agent

MOTHER OF CHILD
16. FULL MAIDEN NAME Hellie Gertrude Jenks
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Winton, Benton County Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 10 A.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Hellie Gertrude Arney, who is related to this child as Mother
(First name) (Last name)

26. (a) DEC 4 1941 (b) Mamie Heelan
(Date received) (Registrar's signature)

25. Attendant's OWN signature Dr. G. W. Bondleton (Deceased) M.D.
(D.O., Midwife, etc.)

27. Given name added on by Charles Elwood Arney
(Registrar's signature)

and address Eagle Rock, Bingham Co. Idaho Date Jan 9-1891

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Charles Elwood Arney, being first duly sworn, say that I am Related to
Charles Elwood Arney Junior as father
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Deceased, who attended

said birth Deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Charles Elwood Arney Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of December, 1941

(SEAL)

Notary Public, residing at Boise, Ida

my Commission Expires April 18-1943

2-1288

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-217019-128

325255

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census DEC 1 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
 (a) County Custer (b) City Challis
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county 15 years month days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
 (a) State Idaho (b) County Custer
 (c) City Challis
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 15 yrs.
 (f) Mother's mailing address Challis, Idaho

3. RESIDENCE of FATHER (city, state) Challis, Ida.

4. FULL NAME OF CHILD Emma Alwilda Trapp 5. Date of Birth (Month, day year) 1-17-1891
 6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. Number of months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME William Edwin Trapp 16. FULL MAIDEN NAME Elsie Ashton
 11. Color White 12. Age at time of THIS birth 32 yrs. 17. Color White 18. Age at time of THIS birth 21 yrs.
 13. Birthplace Andrew Co. Missouri (City or town) (State or foreign country) 19. Birthplace Visalia California (City or town) (State or foreign country)
 14. Exact Occupation Proprietor 20. Exact Occupation Housewife
 15. Industry or Business Liquor 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) DEC 1 1941 (b) Mary E. Trapp 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
 27. Given name added on by and address Date

State of California } ss.
 County of Los Angeles

I, Elsie Ashton Trapp, being first duly sworn, say that I am related to Emma Alwilda Trapp as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Roaney (Name of attendant at birth) who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Elsie Ashton Trapp Signature
140 S. Dillon, Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me on this 29 day of Nov, 1941
 (SEAL) Notary Public Notary Public, residing at
 My Commission Expires September 20, 1945 NOTARY PUBLIC
 In and for the County of Los Angeles, State of California

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

17-2-21

165-120-00-453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 4

1941

325440
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise City
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise City
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** George Geleard Jones
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) Oct. 20, 1891

FATHER OF CHILD
10. **FULL NAME** George Aleson Jones
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Rockford, Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Drayman
15. Industry or Business Lumber Yard

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lula Decker
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Whitehall, Michigan
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lula Jones, who is
related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Kansas
County of Montgomery } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 75 years of age, that I have known this person for 50 years, and that
Dr. Fairchilds, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lula Jones Signature
107 West Third, Caney, Kansas P. O. Address

Subscribed and sworn to before me this 2 day of December, 19 41
(SEAL) D. E. McPherson Notary Public, residing at Caney, Kansas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1941 by Mabel E. Decker Registrar.

SEP 20 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 5 1941

395-224-044-113

325482

United States (Be sure the information is as of date of birth of THIS child) State File No. **325482**
 Department of Commerce **DEC 5 1941** **CERTIFICATE OF BIRTH** Local Reg. No.
 Bureau of Census **STATE OF IDAHO** Reg. Dist. No.

1. PLACE OF BIRTH
 (a) County Washington (b) City Salubria
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: none
 (e) Mother's stay **BEFORE** delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Wash.
 (c) City Salubria
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 20 yrs.
 (f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state) Salubria Idaho

4. FULL NAME OF CHILD Myrtle Viola Tindell
 . Twin or If so—born
 Triplet 1st, 2nd, 3rd

5. Date of Birth
 (Month, day year) Feb 24, 1941

6. Sex **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

FATHER OF CHILD
10. FULL NAME James William Tindell
11. Color or Race Caucasian **12. Age at time of THIS birth.** 31 yrs.
13. Birthplace Okla. Territory
 (City or town) (State or foreign country)
14. Exact Occupation Framer & stock raiser
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mrs. Halbrook
17. Color or Race Caucasian **18. Age at time of THIS birth.** 23 yrs.
19. Birthplace Ohio
 (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7:15 A.M. on the date Feb 24, 1941 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Myrtle Tindell, who is related to this child as mother, etc. (First name) (Last name)

26. (a) DEC 5 1941 (b) Myrtle Tindell **25. Attendant's**
 (Date received) (Registrar's signature) **OWN signature** M.D.
 (D.O., Midwife, etc.)

27. Given name added on by Myrtle Tindell **and address** Idaho **Date** DEC 5 1941
 (Registrar's signature)

State of Idaho } ss.
 County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

X I, Callie A. Carlyle, being first duly sworn, say that I am related to Myrtle Viola Tindell Spackman as aunt (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Green, who attended said birth cannot be located and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Callie A. Carlyle Signature
Parma, Idaho P. O. Address
 Subscribed and sworn to before me on this 22nd day of November, 1941
 (SEAL) Notary Public, residing at Parma, Idaho

MAR 21 1951

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-221-229-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 8 1941

State File No. **325505**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Avon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home delivery
(e) Mother's stay **BEFORE** delivery 9 years 9 months 9 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Avon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
3. **RESIDENCE OF FATHER** (city, state) Avon, Idaho

4. **FULL NAME OF CHILD** Grace Mae Mc Kenzie

5. Date of Birth of Child
(Month, day, year) March 21-1891

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Mc Kenzie
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Lake Superior Canada
(City or town) (State or foreign country)
14. Exact Occupation Rayman
15. Industry or Business Transfer Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Aura Lester Jerke
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Crawford Co. Kansas
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's **OWN** signature [Signature] M.D. Midwife Address Date

State of Idaho County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 51 years, and that Sarah Erickson who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Aura Lester Jerke Signature
Lewiston, Ida. P. O. Address

Subscribed and sworn to before me this 8 day of Nov, 1941
(SEAL) [Signature] Notary Public, residing at Lewiston, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

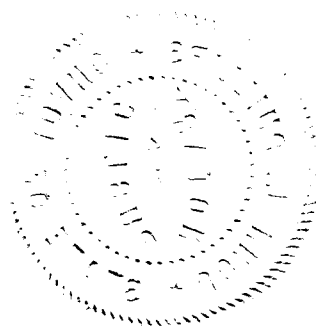
Received for filing on DEC 8 1941 by Maurice E. Egan Registrar.

DEC 9 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

312-111-029-412

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **325517**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

DEC 8 1941

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 10 days.
In THIS county 1 years 0 month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Ida. (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No. 110
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Juliaetta, Ida.

3. **RESIDENCE of FATHER** (city, state): Ida.

4. **FULL NAME OF CHILD** Royal Taylor
5. **Date of Birth** (Month, day, year) Oct. 11, 1891
6. **Sex** Male 7. **Twin or Triplet** No If so - born 1st, 2nd, 3rd No
8. **No. months of Pregnancy** 9 9. **Legitimate?** Yes

FATHER OF CHILD
10. **FULL NAME** John W. Taylor Sr.
11. **Color or Race** White 12. **Age at time of THIS birth** 40 yrs.
13. **Birthplace** State of Iowa
(City or town) _____ (State or foreign country) _____
14. **Exact Occupation** Farmer
15. **Industry or Business** Self. (Weld)

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Charlotte Mason
17. **Color or Race** White 18. **Age at time of THIS birth** 38 yrs.
19. **Birthplace** State of Wis.
(City or town) _____ (State or foreign country) _____
20. **Exact Occupation** House Wife.
21. **Industry or Business** (Weld)

22. **Name prophylactic used to prevent Ophthalmia Neonatorum.**
23. **Number of children of this mother:** (a) **At time of birth and including this child.** 8 (b) **Born alive and now living.** 7
(c) **Born alive and now dead** 1 (d) **Stillborn** No

24. **I HEREBY CERTIFY** That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) DEC 8 1941 (b) David E. Taylor
(Date received) (Registrar's signature)
27. **Given name added on** _____ by _____ (Registrar's signature)

25. **Attendant's OWN signature** _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Nez Perce ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

John E. Taylor, being first duly sworn, say that I am related (Related to (or) acquainted with) _____ as bro. _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth. _____ and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of Dec. _____
(SEAL) David E. Taylor Notary Public, residing at Juliaetta, Ida.

11668E

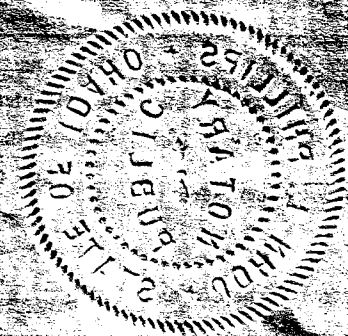
RECEIVED

OFFICE OF STATE

DELAYED REGISTRATION LAW

(1907 Session Laws, Chapter 129, Section 1)

Where the birth of a child born prior to the effective date of Chapter 129, 1907 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 129, 1907 Session Laws, if such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father, mother or the child, both parents, father or mother of the child is living or a member of the household of his or guardian, or some person having direct knowledge in the premises.



243-228-029-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 11 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

325699
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Latoh (b) City Moscow
(c) Street Address or R.F.D. No. R. 4 D. No 2
(d) Name of Hospital or Maternity Home:
Own Home
(e) Mother's stay BEFORE delivery:
IN THIS county 20 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Latoh
(c) City Moscow
(d) Street Address or R.F.D. No. R. 4 D. No 2
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Hazel Dianna Buchanan

5. Date of Birth of Child
(Month, day, year) Sept 28, 1891

6. Sex Female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Newton Buchanan
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Carthage, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Savina Mac Gungie
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Peoria, Illinois
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho
County of Latoh } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 50 years, and that Dr. Reeder, who attended this birth, deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary L Buchanan Signature
Latoh Idaho P. O. Address

Subscribed and sworn to before me this 6 day of December, 1941

(SEAL)

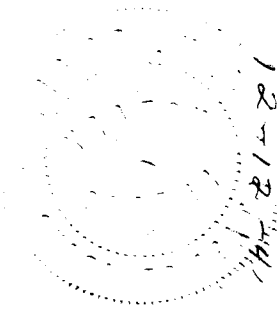
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1941 by Mabel B. Eifer Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



413 201 029-791

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **325711**
Local Reg. No. _____
Reg. Dist. No. _____

DEC 10 1941

1. PLACE OF BIRTH

(a) County Latah (b) City near Pottlatch
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days. at home
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City near Pottlatch
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Palouse, Wn.

3. RESIDENCE of FATHER (city, state) Idaho

5. Date of Birth
(Month, day, year) Feb. 1, 1891

8. No. months of Pregnancy 9 9. Legitimate? yes

4. FULL NAME OF CHILD Virna Orilla Dale

6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Robert Dale
11. Color white 12. Age at time of THIS birth 32 yrs.

13. Birthplace Wild Rose Wisconsin
(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum: _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

26. (a) DEC 10 1941 (b) Dr. Williams (First name) (Last name) Poland Washington
(Date received) (Registrar's signature) 25. Attendant's now deceased M.D.
OWN signature (D.O., Midwife, etc.)

27. Given name added on _____ by _____ and address _____
(Registrar's signature) Date

State of Idaho } ss.
County of Latah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, A. M. Craig, being first duly sworn, say that I am related (Related to (or) acquainted with)
Virna Orilla Dale as uncle _____, whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Williams, who attended

birth is now deceased and that this birth has not been previously recorded. (Name of attendant at birth)

(Is now deceased (or) cannot be located) _____ Signature

Residing at Moscow Idaho P. O. Address _____
Subscribed and sworn to before me on this 22 day of November, 1941

Notary Public in for the State of Idaho
My Commission Expires Dec. 19, 1942
(SEAL) Fanning & Huff Notary Public, residing at _____

4-21-21

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 102 047-212

325721

United States
Department of Commerce
Bureau of Census

DEC 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Logan (b) City Belleriew
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Logan
(c) City Belleriew
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Belleriew

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Edward Logan Campbell

5. Date of Birth (Month, day year) Apr. 2 1891

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd #— 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John "P" Campbell
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Big Beaver, Mich.
(City or town) (State or foreign country)
14. Exact Occupation Sheriff
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Fanning Baker
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Matco, Indiana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unkn. w/h
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

26. (a) DEC 11 1941 (Date received) (b) Mattie F. Campbell (Mother, etc.) (Registrar's signature) 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)

27. Given name added on by (Registrar's signature) and address Date

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mattie F. Campbell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edward Logan Campbell as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife (Mrs. Dayton) (Name of attendant at birth) who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 27 day of December, 1941.
(SEAL) Jay C. Marshall Notary Public, residing at San Dimas, Calif.
Mattie F. Campbell Signature
#12 N. San Dimas Ave. San Dimas, Calif. P. O. Address
Commission Expires July 10, 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

12-15-41

215 707 028 369

325831

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 11 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Kootenai (b) City... Post Falls
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Kootenai
(c) City... Post Falls
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Post Falls Ida

4. **FULL NAME OF CHILD** LESLIE LOTT SAVAGE

5. Date of Birth of Child (Month, day, year) April 7, 1891

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Hiram B. Savage
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Silverton, Oregon
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Emma A. Torrance
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Milwaukie, Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon County of Clackamas } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 50 years, and that Mary Ricker, who attended this birth, deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 8th day of December 19 41 Oregon

(SEAL) Guy H. Pace, County Clerk Notary Public, residing at Prospect Ave. Oregon City, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Anna Flatness, Deputy

Received for filing on DEC 11 1941 by Maud E. Leeder, Registrar.

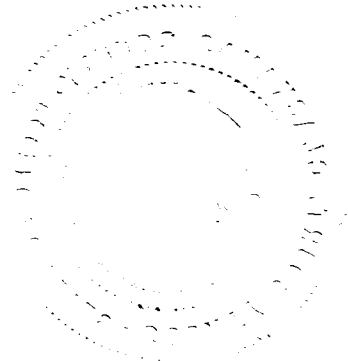
DEC 16 1941

MAR 13 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-212-029-319

United States

Department of Commerce

Bureau of Census

Be sure the information is as of date of birth of THIS child)

NOV 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

325890

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Latona (b) City Moscow
(c) Street Address or R.F.D. No. Country
(d) Name of Hospital or Maternity Home: At Home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home days

IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this Birth)

- (a) State Idaho (b) County Latona
(c) City Moscow
(d) Street Address or R.F.D. No. Country
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Moscow

3. RESIDENCE of FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD

Ethel May McLaughlin

5. Date of Birth

(Month, day year) December 12, 1939

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Nelson Night McLaughlin

11. Color or Race

White

12. Age at time of THIS birth 36 yrs.

13. Birthplace

Bas River, Nova Scotia

(City or town)

(State or foreign country)

14. Exact Occupation

Barber Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Margaret Carter

17. Color or Race

White

18. Age at time of THIS birth 24 yrs.

19. Birthplace

Fort Griffin, Texas

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date NOV 3 1941 (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mary Margaret McLaughlin is related to this child as mother (First name) (Last name)

26. (a) NOV 3 1941 (b) Mary Margaret McLaughlin (Date received) (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)

27. Given name added on by Mary Margaret McLaughlin (Registrar's signature)

and address Latona, Idaho Date

State of Idaho } ss.
County of Latona

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Margaret McLaughlin, being first duly sworn, say that I am related to Ethel May McLaughlin as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. George Snow (Name of attendant at birth) said birth is now deceased and that this birth has not been previously recorded. George (Is now deceased (or) cannot be located)

Mary Margaret McLaughlin Signature
Latona, Idaho P. O. Address

Subscribed and sworn to before me on this 30 day of October 19 41

(SEAL)

Sammy C. Oakford

Notary Public, residing at Latona, Idaho

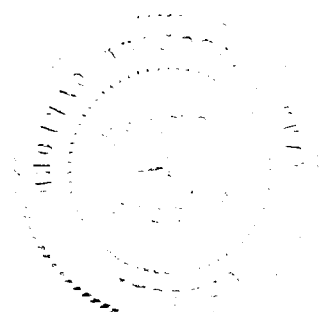
My Commission expires December 31, 1943

DEC 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

799 114 024 367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **326005**

DEC 15 1941 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Latah</u> (b) City <u>Julietta</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home Residence</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>5</u> days. In THIS county _____ years _____ month <u>5</u> days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Julietta</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>25</u> yrs. (f) Mother's mailing address <u>Walla Walla, Wash.</u>	
4. FULL NAME OF CHILD <u>Reynard Clair Price</u>		3. RESIDENCE of FATHER (city, state) <u>Decatur, Ala.</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>Single</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>		5. Date of Birth (Month, day, year) <u>8-14-1891</u>	
10. FULL NAME of FATHER <u>Joshua Albatt Price</u>		11. FULL NAME of MOTHER <u>Ursula Emeline Price</u>	
12. Color or Race <u>White</u> 13. Age at time of THIS birth _____ yrs.		14. Color or Race <u>White</u> 15. Age at time of THIS birth <u>29</u> yrs.	
16. Birthplace (City or town) <u>Baltimore, Md.</u> 17. Birthplace (State or foreign country) <u>Md.</u>		18. Birthplace (City or town) <u>Greenville, North Carolina</u> 19. Birthplace (State or foreign country) <u>North Carolina</u>	
20. Exact Occupation <u>Doctor</u>		21. Exact Occupation <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>1</u> (d) Stillborn _____			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. (a) DEC 15 1941 (Date received) (b) M. H. Hester (Mother, etc.) (Registrar's signature)

26. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Idaho County of Latah ss. **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ursula Emeline Price, being first duly sworn, say that I am Mother (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Reynard Clair Price (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ursula Emeline Price Signature
Walla Walla - Wash P. O. Address

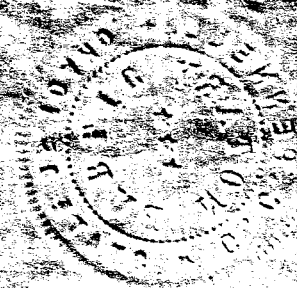
Subscribed and sworn to before me on this 21 day of April 1941
(SEAL) H. H. Hester Notary Public, residing at Walla Walla, Idaho
My Com. expires June 23-1943

DEC 16 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 1)

Where the birth of a child born prior to the effective date of Chapter 191, 1937 Session Laws, has not been reported, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and used by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code, provided, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father nor mother of the child is living or ascertainable, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



314-110-036-396

United States (Be sure the information is as of date of birth of THIS child) State File No. **327281**
 Department of Commerce **Oneida** **CERTIFICATE OF BIRTH** Local Reg. No.
 Bureau of Census **DEC 26 1941** STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County **Oneida** (b) City **Preston**
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: **at home**
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State **Idaho** (b) County **Franklin**
 (c) City **Preston Oneida**
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? **8** yrs.
 (f) Mother's mailing address **Preston**

4. FULL NAME OF CHILD **David Crockett Lamoreaux** 5. Date of Birth **May - 10th 1891**
 (Month, day year)
 6. Sex **Male** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD
 10. FULL NAME **Archibol Orrel Lamoreaux**
 11. Color or Race **white** 12. Age at time of THIS birth **34** yrs.
 13. Birthplace **Farmington Utah**
 (City or town) (State or foreign country)
 14. Exact Occupation **Farmer**
 15. Industry or Business

MOTHER OF CHILD
 16. FULL MAIDEN NAME **Hydia Levera Crockett**
 17. Color or Race **white** 18. Age at time of THIS birth **33** yrs.
 19. Birthplace **Payson Utah**
 (City or town) (State or foreign country)
 20. Exact Occupation **House wife**
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child **6** (b) Born alive and now living **8**
 (c) Born alive and now dead **2** (d) Stillborn **none**

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is
 related to this child as (First name) (Last name)

DEC 26 1941
 26. (a) (Date received) (b) **Archie O. Lamoreaux** (Registrar's signature)
 27. Given name added on by (Registrar's signature)
 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
 and address Date

State of **Arizona** } ss.
 County of **Maricopa**
 I, **Archie O. Lamoreaux**, being first duly sworn, say that I am **related to**
David Crockett Lamoreaux as **brother** whose birth certificate
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
 contained therein are true to the best of my knowledge. I further state that **Grandmother Crockett**, who attended
 (Name of attendant at birth)
 said birth **is now deceased** and that this birth has **not been previously recorded**.
 (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

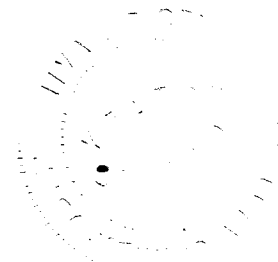
Subscribed and sworn to before me on this **24** day of **September**, 1941
 (SEAL) **James W. David** Notary Public, residing at **Chandler Ariz**
Archie O. Lamoreaux Signature
Guzalan Arizona P. O. Address

DEC 27 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

928-210-014-168

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. **327282**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 20 1941

1. PLACE OF BIRTH

(a) County CANYON (b) City CALDWELL
(c) Street Address or R.F.D. No. SOUTH KINBALL
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County CANYON
(c) City CALDWELL
(d) Street Address or R.F.D. No. SOUTH KINBALL
(e) How long has **MOTHER** lived in Idaho? 77 yrs.
(f) Mother's mailing address CALDWELL; IDAHO

3. RESIDENCE of FATHER (city, state) CALDWELL, IDA

4. FULL NAME OF CHILD

ELSIE ISHAM

5. Date of Birth

(Month, day year) MARCH 10, 1891

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME

ALBERT FRANKLIN ISHAM

11. Color or Race WHITE 12. Age at time of THIS birth 33 yrs.

13. Birthplace WILLISTON, VERMONT
(City or town) (State or foreign country)

14. Exact Occupation PHYSICIAN & SURGEON

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

LIDA MARY JOHNSON

17. Color or Race WHITE 18. Age at time of THIS birth 27 yrs.

19. Birthplace BOISE VALLEY, IDAHO
(City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) DEC 27 1941 (b) [Signature]
(Date received) (Registrar's signature)

25. Attendant's **OWN** signature M.D.
(D.O., Midwife, etc.)
and address Date

27. Given name added on by
(Registrar's signature)

State of IDAHO } ss.
County of CANYON

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, LIDA MARY ISHAM, being first duly sworn, say that I am RELATED TO
(Name of person on certificate above) as MOTHER whose birth certificate
(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. A. F. ISHAM, who attended
(Name of attendant at birth)

said birth IS NOW DECEASED and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Lida Mary Isham Signature
18th Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of December, 1941
(SEAL) W. L. Wilson Notary Public, residing at Caldwell, Idaho

DEC 27 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-129-001-619

327310

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File **327310**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Mayfield, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City
(d) Street Address or R.F.D. No. Mayfield, Ida.
(e) How long has **MOTHER** lived in Idaho? -7- yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Sept 29 1891

4. FULL NAME OF CHILD GEORGE THERON WARREN

6. Sex Male 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnancy -- 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME HENRY WILLIAM WARREN
11. Color White 12. Age at time of THIS birth 29 yrs.
or Race Cornwall of England
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Miner

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Emerson Warren
17. Color White 18. Age at time of THIS birth 26 yrs.
or Race Janesville, Wisconsin
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Houswife
21. Industry or Business Teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 4 A. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Charles Warren, who is
related to this child as Brother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature James C Beck Midwife Address 1101 Fort St. Boise Ida Date Dec 28 1941

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that
(First name) (Last name) who attended this birth..... I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

.....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 29 1941 by Mabel E. Gelfer, Registrar.

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.


Received for filing on DEC 31 1978 by PA and S. G. Gies Registrar.

DEC 27 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



327684

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

DEC 29 1941

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County IDAHO (b) City GRANDEVILLE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: OWN HOME

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.

IN THIS county 14 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State IDAHO (b) County IDAHO
(c) City GRANDEVILLE

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho APPROX 14 yrs.(f) Mother's mailing address GRANDEVILLE IDAHO

3. RESIDENCE of FATHER (At time of birth)

5. Date of Birth

(Month, day year) Sept. 27, 1891

4. FULL NAME OF CHILD

Chester C. Castle6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months

of Pregnancy Normal Legitimate? Yes

10. FULL NAME

Levi Castle11. Color or Race White12. Age at time of THIS birth 34 yrs.13. Birthplace Springfield

(City or town)

ILLINOIS

(State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anna Belle Henley17. Color or Race White18. Age at time of THIS birth 22 yrs.19. Birthplace Neosho

(City or town)

Kansas

(State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 11:00 A.M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Levi Castle, who is related to this child as Father

(First name) (Last name)

26. (a) DEC 29 1941

(Date received)

(b) Mary E. Castle

(Mother, etc.)

(Registrar's signature)

25. Attendant's

OWN signature XOXOX

M.D.

27. Given name added on by

(Registrar's signature)

and address

Date

State of IDAHO } ss.
County of IDAHOI, Levi CastleChester C. Castle

(Name of person on certificate above)

being first duly sworn, say that I am related to

(Related to (or) acquainted with)

as father

(State relationship or acquaintance)

, whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. S. E. B. Bibby

(Name of attendant at birth)

said birth IS NOW DECEASED

(Is now deceased (or) cannot be located)

and that this birth has not been previously recorded.

Levi Castle

Grangeville, Idaho

Signature

P. O. Address

Subscribed and sworn to before me on this 27 day of

December

19 41

(SEAL)

St. JohnNotary Public, residing at Grangeville, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327693
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 60 yrs.
(f) Mother's mailing address Arco, Idaho

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD

Horace Harrison Welch

5. Date of Birth

(Month, day year) June 2, 1891

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Todd Welch

11. Color

or Race white

12. Age at time

of THIS birth. 31 yrs.

13. Birthplace

Hudson, Mich

(City or town)

(State or foreign country)

14. Exact

Occupation

School teacher and farmer

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ora F. Cure

17. Color

or Race White

18. Age at time

of THIS birth. 23 yrs

19. Birthplace

Grant City, Missouri

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living 3

(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at A. M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Ora Cure Welch, who is related to this child as Mother (First name) (Last name)

26. (a) DEC 30 1941 (Date received)

(b) Mabel J. Blaser (Registrar's signature)

25. Attendant's

OWN signature

M.D.

27. Given name added on by (Registrar's signature)

and address

(D.O., Midwife, etc.)
Date

State of Idaho
County of Butte } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ora Welch, being first duly sworn, say that I am related (Related to (or) acquainted with)
Horace Harrison Welch as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mitchell (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature Ora Welch

Arco, Idaho

P. O. Address

Subscribed and sworn to before me on this 27th day of December, 1941

(SEAL)

Notary Public, residing at Arco, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

399720 0287
JAN 8 1942

United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328124**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN THIS county _____ years 6 months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 1/2 yrs.

4. FULL NAME OF CHILD HERSCHEL EARNEST TRIPP

5. Date of Birth of Child
(Month, day, year) Sept. 20, 1891

6. Sex Male **7. Twin or Triplet** _____ **If so—born** 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 **9. Legitimate?** Yes.

FATHER OF CHILD

10. FULL NAME Francis Marion Tripp
11. Color or Race White **12. Age at time of THIS birth** 27 yrs.
13. Birthplace Lima Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Lieu Annie Shipe
17. Color or Race White **18. Age at time of THIS birth** 24 yrs.
19. Birthplace Lima Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Midwife** _____ **Address** _____ **Date** _____

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 50 1/4 years, and that Etta Burgler, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lieu Annie Tripp Signature
E. 535 Crown Ave., Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 6th day of January, 19 42
(SEAL) Louise D. Peterson Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

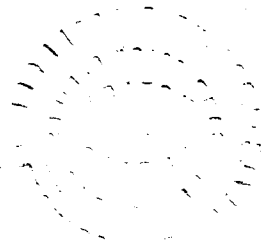
Received for filing on JAN 8 1942 by Mabel E. Eder, Registrar.

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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328338

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 1/2 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Frances Edith Dill
7. Twin or Triplet If so—born 1st, 2nd, 3rd
6. Sex Female

5. Date of Birth of Child 17-1891
(Month, day, year) 17-1891
8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Jeremiah McLain Dill
11. Color or Race White 12. Age at time of THIS birth 60 yrs.
13. Birthplace Columbus Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Wlathia Jane Cherry
17. Color or Race White 18. Age at time of THIS birth 2 yrs.
19. Birthplace Richmond Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for many years, and that who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7 day of Jan, 1942
(SEAL) Leon Eugene Notary Public, residing at Marionville
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by Mabel E. Taylor, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the clerk of the county for record in the Bureau of Vital Statistics for the purpose and uses prescribed in Chapter 2, Title 38, Idaho Code Anno 1907 when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349 116 029 873
JAN 7 1942

328382

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Latoka (b) City Kendrick
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS country 16 years 11 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latoka
(c) City Kendrick
(d) Street Address or R.F.D. No. X
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address Kendrick

3. RESIDENCE of FATHER (city, state) Kendrick Id.

4. FULL NAME OF CHILD Ora O'Leary Smith
5. Date of Birth (Month, day year) June 16, 1891
6. Sex Male 7. Twin or Triplet X no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME Leroy Martin Smith 16. FULL MAIDEN NAME Harriet Bell Hill
11. Color or Race White 17. Color or Race White
12. Age at time of THIS birth 25 18. Age at time of THIS birth 21 yrs.
13. Birthplace (City or town) Indiana 19. Birthplace (City or town) Turner Oregon
(State or foreign country) (State or foreign country)
14. Exact Occupation Farming 20. Exact Occupation House Wife
15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 7 1942 (b) Markel H. Cleary 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of Idaho } ss.
County of NezPerce

I, Mrs. Ora D. Ray, being first duly sworn, say that I am related to _____
(Name of person on certificate above) as Aunt _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Drury _____, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 30 day of December 19 41
(SEAL) W. J. Hopkins Notary Public, residing at Culdesac, Idaho.
Ora D. Ray Signature
Latoka, Spokane, W. Y. P. O. Address

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319 131 047619

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

328525
State File No.
Local Reg. No. 196
Reg. Dist. No. 410

1. PLACE OF BIRTH Blaine
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Bellevue, Idaho

3. RESIDENCE of FATHER Bellevue, Idaho
4. FULL NAME OF CHILD Norman Joseph Larsen
5. Date of Birth (Month, day year) 10-31-1891
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Neils Christian Larsen
11. Color White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Skove Denmark
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Margaret Ann Warmington
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Dutch Flat California
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AGNO3
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs. Maud Larsen, who is
related to this child as Aunt (First name) (Last name)

26. (a) 12-19-1941 (b) Robert H. Wright
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature) and address Date

State of Idaho } ss.
County of Blaine

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

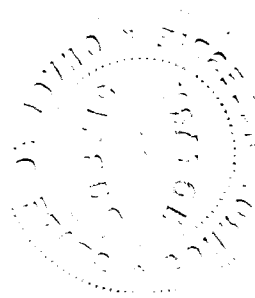
I, Maud Larsen, being first duly sworn, say that I am related to
Norman Joseph Larsen as uncle
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that
(Name of attendant at birth)
said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Maud Larsen Signature
Bellevue, Idaho P. O. Address
Subscribed and sworn to before me on this 2nd day of January, 1941.
(SEAL) Conroy Kellogg Notary Public, residing at Bellevue, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

434 216 040-386

328793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 7
Reg. Dist. No. 140

1. PLACE OF BIRTH:

(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home none Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Wash. (b) County Spokane
(c) City Spokane
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 29 yrs.
(f) Mother's mailing address (For registration notice):
578 W. Montgomery Spokane Wash
(Street or R.F.D.) (Postoffice)

4. FULL NAME OF CHILD

Christine Bell McDonald

5. DATE OF BIRTH

(Month, day, year) July 16, 1891

6. Sex

Girl (female)

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Alex McDonald

MOTHER OF CHILD

16. FULL MAIDEN NAME

Cecelia Thomas

11. Color or Race

white

12. Age at time of THIS birth

29 yrs.

17. Color or Race

white

18. Age at time of THIS birth

17 yrs.

13. Birthplace

Prince Edwards Island
(City or Town) (State or foreign country)

19. Birthplace

Barnwall England
(City or Town) (State or foreign country)

14. Exact Occupation

missing

20. Exact Occupation

House wife

15. Industry Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at 12 A. M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Cecelia McDonald, who is
(First name) (Last name)

related to this child as
(Mother, etc.)

26. (a)

(Date received)

Jan 11-42

(b)

(Registrar's signature)

John B. ...

27. Given name added on

by

(Registrar's signature)

Mary Feeder

25. Attendant's OWN signature

Sophie E. Thomas M.D.
(D.O., Midwife, etc.)

and address

Date

FEB 21 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

- | | |
|---|---|
| (a) Pregnancy: Complications of | (d) Did baby have any: |
| | (1) Congenital Malformation? |
| | Describe: |
| (b) Labor: Complications: | (2) Birth Injury? |
| | Describe: |
| Induced? | (3) Was mother given a Wasserman before delivery? |
| | Yes..... No..... Pos..... Neg..... |
| (c) State all operations for delivery | (e) Signature of Physician: |
| | |
| | |

294-111-029-414

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

328899
State Reg. No. 328899
Local Reg. No. 328899
Reg. Dist. No. 328899

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Katah (b) City Moscow
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

4. FULL NAME OF CHILD Clarence Enoch Simonson
6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

FATHER OF CHILD
10. FULL NAME Charles Sigwert Simonson
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Oslø, Norway
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business no

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Katah
(c) City Moscow
(d) Street Address or R.F.D. No. no
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho
5. Date of Birth of Child (Month, day, year) May 11-1891
8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD
16. FULL MAIDEN NAME Hella Amanda Madison
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Vermillion, So Dakota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by myself Sadie B. Brown, who is related to this child as myself (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Sadie B. Brown Address 3215 N. Madison Date 1/14/42

State of Idaho County of Spokane } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 51 years, and that Katah (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie B. Brown Signature
3215 N. Madison - Spokane Wash P.O. Address

Subscribed and sworn to before me this 14 day of January, 1942
(SEAL) E. J. Hammond Notary Public, residing at Spokane Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Marcel B. Eifer Registrar.

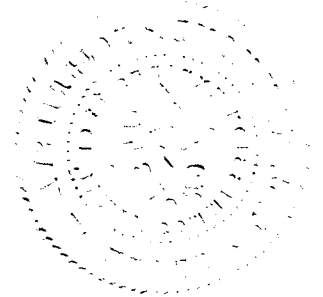
NOV 20 1950

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

418-217-044-639 328926 328926
United States JAN 5 1942 (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City MIDVALE country
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address DEAD

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD BESSIE MAY DAY
5. Date of Birth (Month, day year) Dec-17-1891
6. Sex female 7. Twin or Triplet 8th child If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME BYRON SMITH DAY 16. FULL MAIDEN NAME MARIA ELIZABETH FLIN
11. Color or Race white 12. Age at time of THIS birth 31 yrs. 17. Color or Race white 18. Age at time of THIS birth 25 yrs.
13. Birthplace Virginia (City or town) (State or foreign country) 19. Birthplace Dora (City or town) (State or foreign country)
14. Exact Occupation farming 20. Exact Occupation house wife
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 8
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) JAN 5 1942 (b) (Mother, etc.) (Registrar's signature)
(Date received) (Registrar's signature)
27. Given name added on by (Registrar's signature) and address Date

State of California ss.
County of San Diego
I, Radie A. Lips, being first duly sworn, say that I am a sister of (Related to (or) acquainted with)
Bessie May Day as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 339, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 14th day of Dec 19 41
(SEAL) Radie A. Lips 1639 W 835th Signature
Notary Public, residing at P. O. Address
My Comm. expires

123 20 1042

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

328989

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Freemont (b) City... Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Freemont
(c) City... Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

4. **FULL NAME OF CHILD** David Clinton Montgomery
5. Date of Birth of Child Sept. 15, 1891
(Month, day, year)
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Thomas Henry Montgomery
11. Color White 12. Age at time of THIS birth 38 yrs.
or Race White
13. Birthplace De Moines, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Georgia Annie Stickney Gilman
17. Color White 18. Age at time of THIS birth 30 yrs.
or Race White
19. Birthplace Augusta, Maine
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5 A. M. on the date June 10, 1942
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by Georgia Montgomery who is related to this child as mother
(First name) (Last name)

25. Attendant's OWN signature I Love M. Stoll M.D. Midwife Address 616 Purie St. Boise Date June 10, 1942

State of Idaho County of Freemont } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that , who attended this birth . I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 1942
(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1-13-42 by Mary E. Egan, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-129-003-748
JAN 26 1942

329059

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329059
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. GARFIELD AVE
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No. GARFIELD

(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) POCATELLO

4. FULL NAME OF CHILD

WILLIAM BERTRAM HARRIS

5. Date of Birth of Child

(Month, day, year) OCT-29-91

6. Sex

WHITE

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? X

FATHER OF CHILD

10. FULL NAME

WILLIAM JAMES HARRIS

11. Color
or Race WHITE

12. Age at time
of THIS birth 24 yrs.

13. Birthplace

CARDIF WALES

(City or town)

(State or foreign country)

14. Exact
Occupation RAILROAD WORK

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

CLARA EMMA GUYOR

17. Color
or Race WHITE

18. Age at time
of THIS birth 20 yrs.

19. Birthplace

MONROE MICHIGAN

(City or town)

(State or foreign country)

20. Exact
Occupation HOUSE WIFE

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Utah

County of Weber } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears
in Item 4, above, that I am now 70 years of age, that I have known this person for 50 years, and that
Dr. I.H. Moore, who attended this birth deceased or unknown I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located) X

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Clara Emma Harris
Ogden Utah

Signature

P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942

(SEAL)

Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) Com Exp. 5/5/43

Received for filing on

by

Mary E. Feder

Registrar.

JAN 26 1942

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

715-106-044253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **329255**
Local Reg. No. **22**
Reg. Dist. No. **2**

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home:
Born at home, 12 miles from Weiser
(e) Mother's stay **BEFORE** delivery:
IN THIS county 13 years 11 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Louis Clark Lane
6. Sex Male **7. Twin or** Twin **If so—born** 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) 3-6-1891

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD
10. FULL NAME John Wesley Lane
11. Color or Race White **12. Age at time of THIS birth** 35 yrs.
13. Birthplace Des Moines, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Victoria Alice Kelly
17. Color or Race White **18. Age at time of THIS birth** 20 yrs.
19. Birthplace Tarkio, Mo.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)
25. Attendant's OWN signature M.D. Midwife **Address** Huntington, Oregon **Date** January 1942

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 50 years, and that Marry Harris who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 138, 1937 Session Laws.

Victoria A. Lane Signature
Huntington, Oregon P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942
(SEAL) [Signature] Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by [Signature] Registrar.

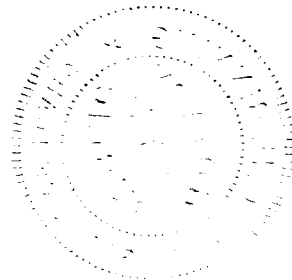
JAN 25 1948

Page 1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **330367**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at home, no hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Pocatello Idaho

3. RESIDENCE of FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD

Carl John Sahlberg

5. Date of Birth

(Month, day year) Oct. 10-1891

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Gus Sahlberg

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace

Sweden, Europe

(City or town)

(State or foreign country)

14. Exact Occupation Carpenter.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Matilda Olin

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace

Sweden, Europe

(City or town)

(State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 0
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) JAN 27 1942
(Date received)

(b) (Mother, etc.)

(Registrar's signature)

25. Attendant's

OWN signature

M.D.

(D.O., Midwife, etc.)

27. Given name added on

by

(Registrar's signature)

and address

Date

State of Bannock

County of Idaho

} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Amanda Inglestrom

, being first duly sworn, say that I am the aunt

(Related to (or) acquainted with)

Carl John Sahlberg, and was present at time of his birth.

(Name of person on certificate above)

(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rooker, who attended

(Name of attendant at birth)

said birth is now deceased.

and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

X Amanda Inglestrom

Signature

P. O. Address

Subscribed and sworn to before me on this 27 day of January

(SEAL)

Norman Steadford

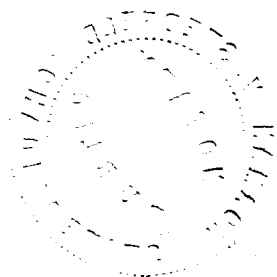
Notary Public, residing at Pocatello Idaho

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



648-123-028-515

330425

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 24 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Cocolalla
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Cocolalla
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Cocolalla, Ida.

5. Date of Birth of Child
(Month, day, year) June 23, 1891

4. FULL NAME OF CHILD

HARRY SUNDAY JAMES FRY

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Harry S. Fry
11. Color White 12. Age at time
or Race of THIS birth 26 yrs.
13. Birthplace New Bloomfield Pa.
(City or town) (State or foreign country)
14. Exact Occupation Telegraph Operator
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Corien Van Hess
17. Color White 18. Age at time
or Race of THIS birth 22 yrs.
19. Birthplace Fredericktown Mo.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....1 (b) Born alive and now living.....1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Oregon
County of Milthoman } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 72 years of age, that I have known this person for 50 1/2 yrs years, and that
Dr. Wenz who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Corien Fry Signature
542 N. E. 80th, Portland, Oregon P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942
(SEAL) E. W. Harris Notary Public, residing at Portland, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on JAN 24 1942 by Mary E. Elden Registrar.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-115-003-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **330584**
Local Reg. No.
Reg. Dist. No.

JAN 19 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **BANNOCK** (b) City **POCATELLO**
(c) Street Address or R.F.D. No. **222 B.L.K. So. 1st**
(d) Name of Hospital or Maternity Home:
RESIDENCE
(e) Mother's stay **BEFORE** delivery:
IN THIS county years **6** months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **IDAHO** (b) County **BANNOCK**
(c) City **POCATELLO**
(d) Street Address or R.F.D. No. **1017 NORTH HARRIS**
(e) How long has **MOTHER** lived in Idaho? **46** yrs.

4. **FULL NAME OF CHILD** **GEORGE TOHAF OLSEN**

5. Date of Birth of Child
(Month, day, year) **APRIL 15, 1891**

6. Sex **MALE** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? **YES**

FATHER OF CHILD

10. **FULL NAME** **MARTIN OLSEN**
11. Color or Race **NORWEGIAN** 12. Age at time of THIS birth **31** yrs.
13. Birthplace **OSLO NORWAY**
(City or town) (State or foreign country)
14. Exact Occupation **GEN. FOREMAN STOREHOUSE U.P.R.R.**
15. Industry or Business **U.P.R.R. EMPLOYEE**

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **SARAH ELLEN WILLIAMS**
17. Color or Race **ENGLISH** 18. Age at time of THIS birth **23** yrs.
19. Birthplace **LIVERPOOL ENGLAND**
(City or town) (State or foreign country)
20. Exact Occupation **HOUSE WIFE**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of **Idaho**
County of **Bannock** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Aunt** of the person whose name appears in Item 4, above, that I am now **71** years of age, that I have known this person for **50** years, and that **Agnes McMillan** **midwife** attended this birth. **DECEASED** I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission expires **November 1, 1942**

Elizabeth Burdick Thomas Signature
Pocatello Idaho P. O. Address

Subscribed and sworn to before me this **17th** day of **January**, 19 **42**

(SEAL) **James M. Edwards** Notary Public, residing at **Pocatello Idaho**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

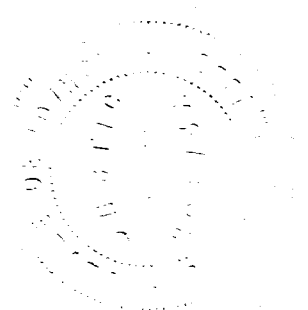
Received for filing on **JAN 19 1942** by **Mary Elder** Registrar.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



514-201-019-743
 United States (Be sure the information is as of date of birth of THIS child) State File No. **330639**
 Department of Commerce JAN 24 1942 CERTIFICATE OF BIRTH
 Bureau of the Census STATE OF IDAHO Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Custer</u> (b) City <u>Houston</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>6</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Custer</u> (c) City <u>Houston</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>28</u> yrs.	
4. FULL NAME OF CHILD <u>Alta Bell Vaughn</u>		5. Date of Birth of Child (Month, day, year) <u>Nov 1, 1891</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Madison Scott Vaughn</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>Barneset, Kentucky</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Rancher</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Matilda Rose Gill</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Cotton, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is
 related to this child as (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of County of } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 50 years, and that Carolyn Thompson who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20 day of January, 1942
 (SEAL) Notary Public Notary Public, residing at Butte, Idaho
 (Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Mary E. Leeper Registrar.

MAY 22 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



815-102-044-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **330649**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 9 years 9 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
3. RESIDENCE OF FATHER (city, state) Salubria Ida

4. FULL NAME OF CHILD Martin Marquis Hannan
6. Sex Male **7. Twin or Triplet** **If so—born 1st, 2nd, 3rd**

5. Date of Birth of Child (Month, day, year) Jan. 2, 1891
8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Martin Vanburen Hannan
11. Color White **12. Age at time of THIS birth** yrs.
13. Birthplace Stockton, California
(City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Catherine Babb
17. Color White **18. Age at time of THIS birth** yrs.
19. Birthplace Osage County, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
25. Attendant's **OWN signature** **M.D.** **Midwife** **Address** **Date**

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 51 years, and that Mrs. Lorton, who attended this birth, deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12th day of January, 1942
(SEAL) J. E. Hosmer Notary Public, residing at Salubria, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Mary E. Lorton Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-110-037-445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

330758
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County OWYHEE (b) City Three Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 31 years 6 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County OWYHEE
(c) City Three Creek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Otto Pence
6. Sex male
7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) July 10 1891

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME John Pence
11. Color white 12. Age at time of THIS birth 51 yrs.
13. Birthplace Iowa
(City or town) (State or foreign country)
14. Exact Occupation Sheep
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Emily Ann Dunbar
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Will County Ill
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of IDAHO
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for years, and that Mrs Cook, who attended this birth Can not be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Ann Pence Signature
Witham Elmore Co Idaho P. O. Address

Subscribed and sworn to before me this 7th day of January, 19 42
(SEAL) Notary Public, residing at Mtn. Home, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Marl E. Egan, Registrar.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-213-014-897

330966

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

JAN 21 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County..... Sanyon (b) City..... Emmett
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State..... Idaho (b) County..... Canyon
(c) City..... Emmett
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?..... yrs.

3. RESIDENCE OF FATHER (city, state) Emmett Idaho

5. Date of Birth of Child
(Month, day, year) June 13 1891

4. FULL NAME OF CHILD

Dollie Lewis

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7 1/2 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James H. Lewis
11. Color or Race..... white 12. Age at time of THIS birth..... 39 yrs.
13. Birthplace..... Missouri
(City or town) (State or foreign country)
14. Exact Occupation..... Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Samantha Hixson
17. Color or Race..... white 18. Age at time of THIS birth..... 36 yrs.
19. Birthplace..... Sedalia Mo.
(City or town) (State or foreign country)
20. Exact Occupation..... housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of WASHINGTON
County of SNOWBUSH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... sister..... of the person whose name appears in Item 4, above, that I am now..... 35 years of age, that I have known this person for..... 51 years, and that Mrs. Albeck Womack..... is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. H. E. Kelly Signature
Soliqua, B. C. Canada P. O. Address

Subscribed and sworn to before me this..... 15th day of..... January..... 19..... 42
(SEAL) H. S. Myers Notary Public, residing at..... Marysville
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

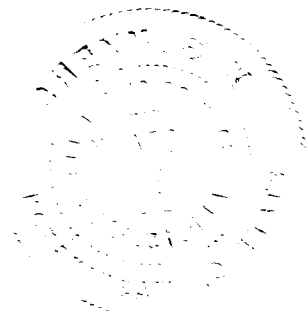
Received for filing on..... JAN 21 1942 by..... Registrar.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



993-111-022-595

331064

331064

United States
Department of Commerce
Bureau of the Census

FEB 2 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>FREMONT</u> (b) City <u>REXBURG</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>HOME</u> (e) Mother's stay BEFORE delivery <u>6</u> years <u>6</u> months <u>6</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>FREMONT</u> (c) City <u>REXBURG</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>25</u> yrs.	
4. FULL NAME OF CHILD <u>JAMES ARTHUR RICKS</u>		3. RESIDENCE OF FATHER (city, state) <u>REXBURG/IDAHO</u> 5. Date of Birth of Child (Month, day, year) <u>10/11/1891</u>	
6. Sex <u>MALE</u> 7. Twin or Triplet <u>ONE</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
10. FULL NAME <u>HEBER RICKS</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>43 1/2</u> yrs. 13. Birthplace <u>LOGAN UTAH</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business <u>FARMER STOCK RAISER</u>		16. FULL NAME <u>MARY NIELSON</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>TOOLE UTAH</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSE WIFE</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>NONE</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature Deceased **M.D.**
Midwife **Address** **Date**

State of IDAHO County of M. IN. ID. & A. } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for 50 years, and that MARY NIELSON who attended this birth..... I further state that (First name) (Last name) (is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 30th day of January, 1942 at Payson, Idaho
(SEAL) David J. Smith Notary Public, residing at Payson, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by David J. Smith Registrar.

FEB 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-121-025-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **331164**
Local Reg. No.
Reg. Dist. No.

JAN 24 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Denver
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county life years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Denver
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 88 yrs.
3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Lewis Hull Bowman

5. Date of Birth of Child
(Month, day, year) 9-21-1891

6. Sex male **7. Twin or Triplet** no **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Francis Marion Bowman
11. Color or Race white **12. Age at time of THIS birth** 36 yrs.
13. Birthplace West Virginia
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Rice
17. Color or Race white **18. Age at time of THIS birth** 17 yrs.
19. Birthplace Grangeville Idaho
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X at X M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by X, who is related to this child as X (Mother, etc.)
25. Attendant's OWN signature X **M.D. Midwife** X **Address** X **Date**

State of Idaho } ss.
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 50 years, and that Dr. S. E. Bibby, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mr. Nancy Bowman Stilwell Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of January, 1942.
(SEAL) W. J. Pothollee Notary Public, residing at Grangeville, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Marl Tucker, Registrar.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
FEB 4 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **331258**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. Front St
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 5-7 yrs.

4. FULL NAME OF CHILD Harold Horner Hammond

3. RESIDENCE OF FATHER (city, state) Indiana
5. Date of Birth of Child
(Month, day, year) 1891

6. Sex Boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 10 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Clinton Hammond
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Clinton, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Agnes Jenkins
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Boise
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for years, and that who attended this birth in person I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Hammond Signature
P. O. Address

Subscribed and sworn to before me this 4 day of Feb, 1942
(SEAL) Frank R. Tarriman Notary Public, residing at Boise 2da
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **FEB 4 1942** by Ida Hammond, Registrar.

FEB 4 1942

MAY 13 1906

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-205 045 861

FEB

5 1942

331274

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **331274**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Alturas (b) City Ketchum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years 1 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Ketchum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
3. RESIDENCE OF FATHER (city, state) Ketchum, Idaho

4. FULL NAME OF CHILD Ethel Westerholm
6. Sex Female **7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) May, 5th, 1891
8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Gabriel Westerholm
11. Color white **12. Age at time of THIS birth** 31 yrs.
13. Birthplace Finland
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christine Hoaglund
17. Color white **18. Age at time of THIS birth** 31 yrs.
19. Birthplace Finland
(City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child... 3 (b) Born alive and now living... 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** Idaho **M.D.** **Midwife** **Address** **Date**

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 50 years, and that Mrs. Fayler deceased, who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Westerholm Signature
R. D. #2, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of February, 1942.
(SEAL) M. E. Realy Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by Mary E. Fayler, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863 166 006-869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 26 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331321
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Eagle Rock
(c) Street Address or R.F.D. No. Canal Ave
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____
3. RESIDENCE of FATHER (city, state): _____

4. FULL NAME OF CHILD Joseph Willard Holden 5. Date of Birth (Month, day, year) June 6, 1891
6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9 mos 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME John Holden
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Lancashire, England
(City or town) (State or foreign country)
14. Exact Occupation Machine man
15. Industry or Business Employed by C.W. & M. Co

16. FULL MAIDEN NAME Mary Ann Horkley
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Staffordshire, England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 26 1942 (Date received) (Mother's signature) _____
(Registrar's signature) _____
27. Given name added on _____ by _____ (Registrar's signature) _____

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____ and address _____ Date _____

State of Idaho } ss.
County of Bonneville

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ann Holden, being first duly sworn, say that I am related to Joseph Willard Holden as Mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ellingford, who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Ann Horkley Holden Signature
379 Lava St. Idaho Falls P.O. Address
Idaho

Subscribed and sworn to before me on this 27th day of February, 19 41
(SEAL) _____ Notary Public, residing at Idaho Falls, Idaho

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



512-209035-512

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **331324**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Neperce (b) City Leviston
(c) Street Address or R.F.D. No. Main St.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 7 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Neperce
(c) City Leviston Idaho
(d) Street Address or R.F.D. No. Main St.
(e) How long has MOTHER lived in Idaho? 47 yrs

4. FULL NAME OF CHILD

Blanche Ellen Winona Eastman

5. Date of Birth of Child

(Month, day, year) Jan 9 - 1891

6. Sex

female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

- 10. FULL NAME** Franklin Washington Eastman
11. Color white **12. Age at time**
or Race of THIS birth 29 yrs.
13. Birthplace Cheney Creek, N.Y.
(City or town) (State or foreign country)
14. Exact
Occupation Farmer
15. Industry or
Business

MOTHER OF CHILD

- 16. FULL MAIDEN NAME** May Agnes Eastman
17. Color white **18. Age at time**
or Race of THIS birth 24 yrs.
19. Birthplace Springdale Wis.
(City or town) (State or foreign country)
20. Exact
Occupation Housewife
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Neperce } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears
in Item 4, above, that I am now 56 years of age, that I have known this person for 57 years, and that
Dr. Ben F. Morris, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Marion G. Piestoff Signature
Leviston Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1942.
(SEAL) John L. Phillips Notary Public, residing at Leviston Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

JAN 28 1942

by.....

Marion G. Piestoff

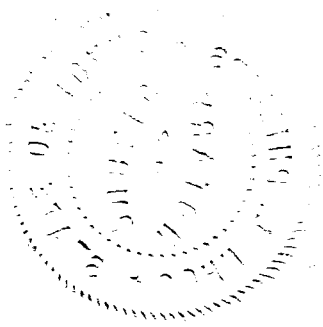
Register.....

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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331366

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Alturas (b) City Hailey
(c) Street Address or R.F.D.No. Unknown
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 13 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Alturas
(c) City Hailey
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address Hailey, Idaho

4. FULL NAME OF CHILD

Willie Hiram Griffith

5. Date of Birth

(Month, day year) 6-28-91

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Austin Malat Griffith
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Xenia Illinois
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Hailey Power & Light Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Powell
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Kokomo, Indiana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn -

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 26 1942 (Date received) (b) Mabel E. Keeler (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of California } ss.
County of Santa Clara

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora Etta Larsen, being first duly sworn, say that I am Related to Willie Hiram Griffith as Sister (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Brown (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 21 day of _____

(SEAL)

Cora Etta Larsen Signature
385 Washington St. Santa Clara, Calif. P. O. Address

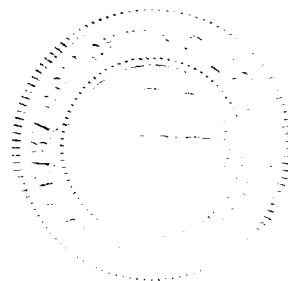
Notary Public, residing at San Jose, Calif.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



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331419

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

- (a) County Fremont (b) City Camas
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in family home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home no days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Fremont
(c) City Camas
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? .. yrs.
(f) Mother's mailing address Camas, Idaho

3. RESIDENCE of FATHER (city, state) Camas, Idaho

4. FULL NAME OF CHILD

Lovinia McGarvey

5. Date of Birth

(Month, day year) Jan. 21, 1891.

6. Sex Female

7. Twin or

Triplet No

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Everett McGarvey
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Ireland
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Ellen Cook
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Hartland, New York
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) JAN 29 1942 (b) [Signature]
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Stanislaus

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Charles Truman McGarvey, being first duly sworn, say that I am Brother of Lovinia McGarvey as whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the physician who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Charles Truman McGarvey Signature
P.O. Box 155 Hugheson, Calif. P. O. Address

Subscribed and sworn to before me on this 17th day of January, 1942
(SEAL) M. A. Salt Notary Public, residing at Hugheson, Calif.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

FEB 4 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho

4. **FULL NAME OF CHILD** Leon Ladd Larrabee
6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) Nov. 10, 1891

FATHER OF CHILD
10. **FULL NAME** John Spalding Larrabee
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Shorham, Vermont
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Owner, General Mdse.

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Martha Jane Wells
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Kenosha, Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none known
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Lincoln

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 50 years, and that
attendant unknown who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 138, 1927 Session Laws.

Mrs. Olive L. Brune Signature
Harrington, Washington P. O. Address

Subscribed and sworn to before me this 2nd day of February, 19 42.

(SEAL) Notary Public Notary Public, residing at Harrington, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by Mary H. Hefner, Registrar.

FEB 5 1942

JUN 4 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure, to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



843-214036455

331631

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

Oneida JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County *Franklin* (b) City *Preston* Idaho
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State *Idaho* (b) County *Franklin*
(c) City *Preston* *Oneida*
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 38 yrs.

4. FULL NAME OF CHILD *Eva Hutteballe*

5. Date of Birth of Child
(Month, day, year) *Jan. 14, 1906*

6. Sex *Female* 7. Twin or Triplet *Triplet* If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy *9* 9. Legitimate? *Yes*

FATHER OF CHILD

10. FULL NAME *Christian Hutteballe*
11. Color *White* 12. Age at time of THIS birth *54* yrs.
13. Birthplace *Vesterskjerninge* *Denmark*
(City or town) (State or foreign country)
14. Exact Occupation *Shoemaker*
15. Industry or Business *Shoes & Shoe Repairing*

MOTHER OF CHILD

16. FULL MAIDEN NAME *Johanna Eleanor Dennison*
17. Color *White* 18. Age at time of THIS birth *28* yrs.
19. Birthplace *Brono* *Norway*
(City or town) (State or foreign country)
20. Exact Occupation *Housewife*
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child *2* (b) Born alive and now living *Yes*

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of *Idaho*
County of *Oneida* } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the *Mother* of the person whose name appears in Item 4, above, that I am now *61* years of age, that I have known this person for *36* years, and that *Mrs. Baerted Malad* who attended this birth *is now deceased* I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Johanna Eleanor Dennison *Hutteballe*
Malad City, Idaho - Box 302 Signature P. O. Address

Subscribed and sworn to before me this *28th* day of *January*, 19 *42*
(SEAL) *J. E. K...* Notary Public, residing at *Malad, Idaho*.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on *JAN 29 1942* by *Mabel E. Fisher*, Registrar.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294 111-040-663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 6 1942

331691
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City WALLACE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery:
IN THIS county ONE years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County WALLACE
(c) City WALLACE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ONE yrs.

3. **RESIDENCE OF FATHER** (city, state) WALLACE Idaho

4. **FULL NAME OF CHILD** FREDERICK-WALTER KIMBLE

5. Date of Birth of Child
(Month, day, year) MARCH-11-1891

6. Sex MALE 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy NINE 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN HENRY KIMBLE

11. Color or Race WHITE 12. Age at time of THIS birth 51 yrs.

13. Birthplace OHIO
(City or town) (State or foreign country)

14. Exact Occupation CABINET-MAKER-STAIR-BUILDER

15. Industry or Business SAME

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada WOLVERTON

17. Color or Race WHITE 18. Age at time of THIS birth 30 yrs.

19. Birthplace NEWARK, OHIO
(City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Missouri } ss.
County of Tachman

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for fifty years, and that THE PHYSICIAN who attended this birth CANNOT BE LOCATED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 132, 1937 Session Laws.

Mintie K. Walerton Signature
4131 Troost Ave R.O. Mo. P. O. Address

Subscribed and sworn to before me this 4 day of February 1942

(SEAL) my M. G. Haley Notary Public, residing at Kansas City

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-614, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by Mary E. Lester Registrar.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



254 121 016-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

331822
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Cassia (b) City... Sublett
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: born on farm
(e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Cassia
(c) City... Sublett
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 15 yrs.

4. **FULL NAME OF CHILD** Jesse Kemaley
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) 7-21-1891

FATHER OF CHILD
10. **FULL NAME** Jesse Kembley
11. Color white 12. Age at time of THIS birth _____ yrs.
13. Birthplace England
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** E. Liza King
17. Color white 18. Age at time of THIS birth _____ yrs.
19. Birthplace New York
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____
Midwife _____ Address _____ Date _____
State of Idaho }
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend acquaintance of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 50 years, and that Mrs. H. C. Pauers, who attended this birth is dead. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 26 day of January, 1942
(SEAL) Henry Thompson Notary Public, residing at Malta, Idaho.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by Marj 26 Lefer, Registrar.

FEB 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

331920
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Mt. Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 23 years months days

4. FULL NAME OF CHILD

Carl Wilnot Piggins

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Mt. Idaho
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

Mt. Idaho, Idaho
5. Date of Birth of Child (Month, day, year) Feb., 28, 1891

8. No. months of Pregnancy 9

9. Legitimate? yes

10. FULL NAME

John Thomas Piggins

11. Color or Race

White

12. Age at time of THIS birth 46 yrs.

13. Birthplace

Javannah, Mo.

(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Black Smith

16. FULL MAIDEN NAME

Arenath Wilnot

17. Color or Race

White

18. Age at time of THIS birth 43 yrs.

19. Birthplace

Waterloo, Wis.

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Arenath at 11.00 A.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of } ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 93 years of age, that I have known this person for 50 years, and that

Dr. S. E. Bibby, who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arenath W. Piggins Signature
Donald W. Piggins P. O. Address

Subscribed and sworn to before me this 28th day of Feb., 1942

(SEAL)

Jan. 4th Notary Public, residing at Jan. 4th

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

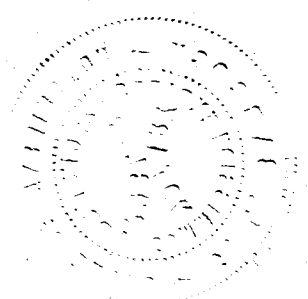
Received for filing on FEB 2 1942 by Marl S. Piggins, Registrar.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



268-223-020-239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332119
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Glenns Ferry

4. FULL NAME OF CHILD Velva Stiles Boyer
5. Date of Birth of Child (Month, day, year) Nov. 23 - 1891
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME George Pomeroy Stiles
11. Color white 12. Age at time of THIS birth 43 yrs.
13. Birthplace somewhere in Vermont
(City or town) (State or foreign country)
14. Exact Occupation Switchman for the Railroad
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Bertha Young Stiles
17. Color white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington County of Yakima } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 51 years, and that Ar. D. Smith, who attended this birth, is now deceased I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws, and certified copy mailed to 1016 So 18th Ave

Bertha Young Stiles Signature
1016 So 18th Ave, Yakima, P.O. Address

Subscribed and sworn to before me this 3 day of February 1942
(SEAL) Esther E. Vandelo Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 2-914, Idaho Code Annotated.)

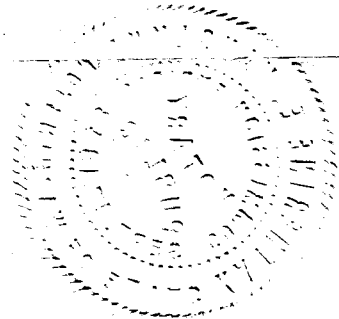
Received for filing on FEB 4 1942 by Marj E. Fisher, Registrar.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

FEB 13 1942

State File No.
Local Reg. No.
Reg. Dist. No.

332407

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Haley
(c) Street Address or R.F.D. No. No street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Haley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James M. Wilson
6. Sex Male
7. Twin or Triplet **If so—born 1st, 2nd, 3rd**

5. Date of Birth of Child
(Month, day, year) 4/12-1891

FATHER OF CHILD
10. FULL NAME James Monroe Wilson
11. Color White **12. Age at time of THIS birth** 30 yrs.
13. Birthplace Not known
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Susan Chrisell
17. Color White **18. Age at time of THIS birth** 48 yrs.
19. Birthplace Not known
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child... 5 (b) Born alive and now living... 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
25. Attendant's
OWN signature **M.D.** **Midwife** **Address** **Date**

State of Oregon } ss.
County of Baker Blaine

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 50 years, and that Not known who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

I recall that he lived with my family W. L. Milner Signature
and we played together for yrs. Rt. #1, Baker, Oregon P. O. Address

Subscribed and sworn to before me this 4th day of February, 1942
(SEAL) John R. Thompson Notary Public, residing at Las Vegas, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by Mabel J. Miller Registrar.

FEB 19 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-107-22-865

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 24
Reg. Dist. No. 64a

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. R. #2
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. R. #2
(e) How long has MOTHER lived in Idaho? 4 yrs.
3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD ALONZO EARL PERRY

5. Date of Birth of Child
(Month, day, year) Feb. 3, 1891

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Francis Perry
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Ogden, Utah.
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Ann Hovey
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Millville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 1 P.M. on the date Feb. 3, 1942
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by J. F. Perry, who is related to this child as Father
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of Idaho
County of Jefferson ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for life years, and that Mrs. Harrit Babell is now deceased, who attended this birth. I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph L. Frances Perry
Signature
Lorenzo, Idaho. P. O. Address

Subscribed and sworn to before me this 9 day of February, 1942.
(SEAL) Perry Notary Public, residing at Rigby, Idaho

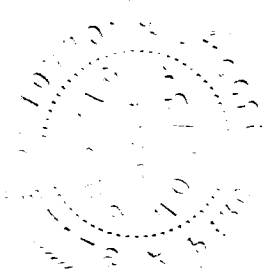
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 10 1942 by Mrs. A. B. Ebersell, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



132 206 044, 914

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **332827**
Local Reg. No.
Reg. Dist. No.

FEB 13 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) Apr. 6 1891

4. FULL NAME OF CHILD

Bertha Alice Ackerman

6. Sex Female

7. Twin or Triplet

No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Charles Lenord Ackerman

11. Color or Race

White

12. Age at time of THIS birth

..... yrs.

13. Birthplace

Macon, Ga.

U.S.A.

(City or town) (State or foreign country)

14. Exact Occupation

Carpenter & Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anna Alice Rambo

17. Color or Race

White

18. Age at time of THIS birth

..... yrs.

19. Birthplace

(City or town)

(State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho

County of Elmore

} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 50 years, and that Midwife, Etta Elton, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Mountain Home, Idaho. P. O. Address

Subscribed and sworn to before me this 10th day of February, 1942.

(SEAL)

Notary Public, residing at Mtn. Home, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by Registrar.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

282-213-006-993

332897

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Cliff Street
(d) Name of Hospital or Maternity Home:
Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Cliff Street
(e) How long has MOTHER lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls,

5. Date of Birth of Child Oct. 13, 1891
(Month, day, year)

4. FULL NAME OF CHILD

Ruth Bybee

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Francis Marion Bybee
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Farmington Utah
(City or town) (State or foreign country)
14. Exact Occupation Drayman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Ritchie
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Marriotts Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 50 years, and that Thomas C. Willson M. D., who attended this birth Is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires
June 26th, 1943.

Francis Marion Bybee Signature
Idaho Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 13th day of February, 1942
(SEAL) Myrtle N. Anderson Notary Public, residing at Idaho Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by Myrtle N. Anderson, Registrar.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

446-123044 849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 14 1942
STATE OF IDAHO

332987

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Washington (b) City Mineral City
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 11 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Washington
(c) City Mineral City
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 1-11/2 yrs.

3. RESIDENCE OF FATHER (city, state) Mineral City, Idaho

4. FULL NAME OF CHILD

Herbert Earl Duffey

5. Date of Birth of Child

(Month, day, year) 7-23-1891

6. Sex

Male

7. Twin or Triplet

No

If so born 1st, 2nd, 3rd

8. No. months of Pregnancy

9 mo.

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL NAME

Michael O'Leary Duffey

11. Color or Race

White

12. Age at time of THIS birth

37 yrs.

13. Birthplace

Coal Mine, New Brunswick

(City or town)

(State or foreign country)

14. Exact Occupation

Miner

15. Industry or Business

Miner

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mertie Bell Hersh

17. Color or Race

White

18. Age at time of THIS birth

26 yrs.

19. Birthplace

Caseyville, Illinois

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasat.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of California } ss.
County of San Francisco

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 27 years of age, that I have known this person for 50 years, and that Mrs. Watkins (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires Nov. 23, 1944

2540-16th Avenue, San Francisco, Calif. P. O. Address

Subscribed and sworn to before me this 11th day of February, 1942

(SEAL)

Notary Public, residing at San Francisco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Marj Z. Fisher, Registrar.

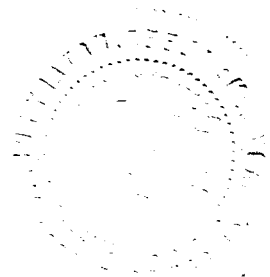
FEB 21 1942

APR 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253-101-036-239

333194

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 18 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Now Deceased

3. RESIDENCE OF FATHER (city, state) Deceased

5. Date of Birth of Child
(Month, day, year) 9-1-1891

4. FULL NAME OF CHILD Charles Ray Kelly

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Thomas Kelly
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Leominster England
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Stradder
17. Color White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Greenville Utah
(City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child...1st (b) Born alive and now living...1.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock

AFFIDAVIT to be completed when the attendant does not sign in Item 25.
(brother of the father)

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for over 51 years, and that Mrs. Tade Lasley, who attended this birth is now deceased as are both parents I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edwin F. Kelly Signature
R.F.D. # 1, S. Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942.

(SEAL) Paul J. Turner Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Paul J. Turner, Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-127-029 643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

FEB 20 1942

State File No. **333233**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City MOSCOW
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN THIS county 6 years 6 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Burr Clinton Harreld

5. Date of Birth of Child Dec. 27, 1891
(Month, day, year)

6. Sex Male 7. Twin or Triplet 1st If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Henry Harreld
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Fort Scott, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Sarah Fulk
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Indiana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 a. M. on the date 4 a. (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Washington M.D. Midwife Address Date

State of Idaho County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the attendant of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 50 years, and that Robert Harreld, who attended this birth is now dead. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della Scott Signature
Robert Harreld P. O. Address

Subscribed and sworn to before me this 16 day of February, 1942
(SEAL) Harry J. Harrison Notary Public, residing at Idaho

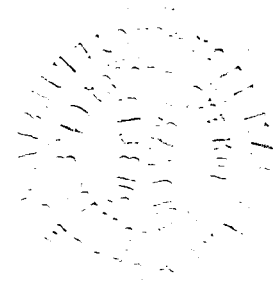
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mabel E. Epler, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493 201 028 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **334231**
Local Reg. No.
Reg. Dist. No.

FEB 20 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

4. FULL NAME OF CHILD Margaret Emely Mitchell

5. Date of Birth of Child February 1-1891
(Month, day, year)

6. Sex Female
7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo. **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME John Mitchell
11. Color or Race white **12. Age at time of THIS birth** 40 yrs.
13. Birthplace New York City, N.Y.
(City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Agnes Williamson
17. Color or Race white **18. Age at time of THIS birth** 30 yrs.
19. Birthplace Steamboat Rock - Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 50 years, and that Sarah Ford, who attended this birth now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Flora A. Mitchell Signature
#408, Monroe Apts. Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942
(SEAL) J. H. Eldred Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

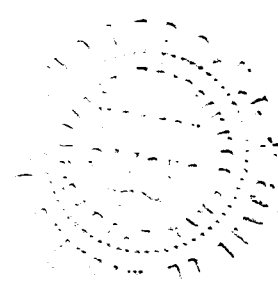
Received for filing on FEB 20 1942 by Mabel H. Eldred, Registrar.

SEP 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child) State File No. _____
CERTIFICATE OF BIRTH FEB 20 1942 Local Reg. No. _____
STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Cassia</u> (b) City <u>Albion</u> (c) Street Address or R.F.D. No. <u>✓</u> (d) Name of Hospital or Maternity Home: <u>(Born at Home)</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Albion</u> (d) Street Address or R.F.D. No. <u>✓</u> (e) How long has MOTHER lived in Idaho? <u>10</u> yrs. (f) Mother's mailing address <u>Albion Idaho</u>	
4. FULL NAME OF CHILD <u>Joseph Chatburn</u>		5. Date of Birth (Month, day, year) <u>Apr. 28, 1891</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>no</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>		10. FULL NAME <u>Jonas Chatburn</u>	
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>42</u> yrs.		16. FULL MAIDEN NAME <u>Mary Helen South</u>	
13. Birthplace <u>Wiswell England</u> (City or town) (State or foreign country)		17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>35</u> yrs.	
14. Exact Occupation <u>Millwright</u>		19. Birthplace <u>Springfield Ill.</u> (City or town) (State or foreign country)	
15. Industry or Business <u>Mill Operator</u>		20. Exact Occupation <u>Housewife</u>	
21. Industry or Business <u>Housewife</u>		22. Name prophylactic used to prevent Ophthalmia Neonatorum _____	
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>7</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>		24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)	
26. (a) _____ (b) _____ (Date received) (Registrar's signature)		25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)	
27. Given name added on _____ by _____ (Registrar's signature)		and address _____ Date _____	

State of Missouri } ss.
County of Jackson

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie Troutman, being first duly sworn, say that I am related to Joseph Chatburn as sister (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jessie Horseley, who attended said birth, is now deceased and that this birth has not been previously recorded. (Name of attendant at birth) (Is now deceased (or) cannot be located)

x Mrs. Annie Troutman Signature
x LEVASY, MISSOURI P. O. Address

Subscribed and sworn to before me on this 4 day of February 1942
(SEAL) Edum F. Jorgman Notary Public, residing at Libary Mo.
My Commission Expires April 25, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Canyon</u> City of <u>Central Park District Boise Valley</u> No. <u>Middleton</u> St. <u>Idaho</u> (If born in hospital or institution give name.) 2. FULL NAME OF CHILD <u>Arrilla Perkel</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. _____ State File No. <u>334351</u> Prim. Registration District No. _____ Local Registrar's No. _____	
3. Sex <u>female</u> If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? <u>yes</u> 8. Date of birth <u>Dec. 26, 1891</u> (Month, Day, Year)	9. FATHER's name <u>Geo. W. Perkel</u> 10. Residence (usual place of abode) (If non-resident, give place and State) <u>Canyon Co. Ida.</u> 11. Color or race <u>White</u> 12. Age at last birthday <u>45</u> (years) 13. Birthplace (city or place) (State or Country) <u>Mineral Point, Iowa Co., Wis.</u>		
14. Trade, profession, or particular kind of work done, as spinner, bookkeeper, etc. <u>Farmer</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own farm</u> 16. Date (month and year) last engaged in this work <u>Aug. 17, 1897</u> 17. Total time (years) spent in this work <u>20 at least</u>	18. MOTHER's name <u>Bynthia A. Brimhall</u> 19. Residence (usual place of abode) (If non-resident, give place and State) <u>Canyon Co. Ida.</u> 20. Color or race <u>White</u> 21. Age at last birthday <u>27</u> (years) 22. Birthplace (city or place) (State or Country) <u>Glendale, Kane Co. Utah</u> 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House keeper</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u> 25. Date (month and year) last engaged in this work <u>March 8, 1905</u> 26. Total time (years) spent in this work <u>26</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____ 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. <u>5</u> (b) Born alive but now dead. <u>1</u> (c) Stillborn _____ 29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor During labor			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed FEB 26 1912, 193 _____ Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

759-226 014 299

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Canyon } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Edna Perkel being first duly sworn says that

she is the sister of Arrilla Perkel
(Relationship of child)*

born December 26, 1891 at Middleton Canyon County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Arrilla Perkel

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that O. W. Hall M. D. was the
medical attendant at the birth of said Arrilla Perkel Midwife
and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Edna Perkel
P. O. Address 1014 E. Franklin, Boise, Ida.

Subscribed and sworn to before me this 23rd day of February, 1942

Residing at Wilder, Idaho.
Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My com. expires apr. 4, 1942

100-1000



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

65572029 695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

334407
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. gen Del
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay BEFORE delivery:
IN THIS county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No. gen Del
(e) How long has MOTHER lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Fred Pation Overcash

5. Date of Birth of Child
(Month, day, year) 6/2/1891

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jessie Pink Overcash
11. Color white 12. Age at time of THIS birth 22 yrs.
13. Birthplace Bentonville, Arkansas
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Freeze
17. Color white 18. Age at time of THIS birth 16 yrs.
19. Birthplace Waitsburg, Washington
(City or town) (State or foreign country)
20. Exact Occupation domestic duties at home
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 20

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Jane Overcash, who is related to this child as mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 50 years, and that Mary Jane Overcash who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 30 day of January, 19 42 Calif.
(SEAL) Mary J. Overcash Signature
1724 Fulton Ave West P.O. Address
Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Commission Expires June 24, 1947

Received for filing on by Mary J. Overcash, Registrar.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **334415**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Shoshone** (b) City **Mullan**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Shoshone**
(c) City **Mullan**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **2** yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME
OF CHILD

Anna Regina Hartbauer

5. Date of Birth of Child

(Month, day, year) **Jan. 2, 1891**

6. Sex **female**

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy **9**

9. Legitimate? **yes**

FATHER OF CHILD

10. FULL
NAME **Christopher Hartbauer**
11. Color **white** 12. Age at time
or Race of THIS birth **27** yrs.
13. Birthplace **Weisenstat Germany**
(City or town) (State or foreign country)
14. Exact
Occupation **Baker**
15. Industry or
Business **Bakery**

MOTHER OF CHILD

16. FULL MAIDEN
NAME **Mary Margaretha Hilbner**
17. Color **white** 18. Age at time
or Race of THIS birth **23** yrs.
19. Birthplace **Weisenstat Germany**
(City or town) (State or foreign country)
20. Exact
Occupation **Housewife**
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **none**

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of **Washington** } ss.
County of **Stevens**

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears
in Item 4, above, that I am now **75** years of age, that I have known this person for **51** years, and that
Mrs. Jones who attended this birth **is now deceased**. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mary M. Hartbauer Signature
Boundary, Washington P. O. Address

Subscribed and sworn to before me this **16th** day of **February**, 19 **42**

(SEAL)

John J. Rafter Notary Public, residing at **Colville, Wash...**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **FEB 19 1942** by **Mary M. Hartbauer**, Registrar.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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361-101 028 258

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

334446
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Post Falls</u> (c) Street Address or R.F.D. No. <u>Idaho</u> (d) Name of Hospital or Maternity Home: <u>none</u> <u>At home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>5</u> years <u>3</u> months <u>#</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Post Falls, Idaho</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>George</u> <u>none</u> <u>Loan</u>		5. Date of Birth of Child (Month, day, year) <u>Mar. 1, 1891</u>	
6. Sex <u>male</u> 7. Twin or Triplet <u>---</u> If so—born <u>1st, 2nd, 3rd</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Christopher Loan</u>		16. FULL MAIDEN NAME <u>Irvina Keys</u>	
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>40</u> yrs.		17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>34</u> yrs.	
13. Birthplace <u>Feddens, Ireland</u> (City or town) (State or foreign country)		19. Birthplace <u>Feddens, Ireland</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>six</u> (b) Born alive and now living <u>six</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive A M. on the date Mar. 1, 1891 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Irvina Keys Loan, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** Washington **M.D.** Spokane **Midwife** **Address** **Date**
State of Washington **ss.** **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Spokane

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 50 years, and that Mary Parsons, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary J. Loan Hunt Signature
E. 2609 Queen Spokane, Wash. P. O. Address
Subscribed and sworn to before me this 19th day of February, 1942
(SEAL) Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mary J. Loan Registrar.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-203 014 713

334648

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **334644**
Local Reg. No.
Reg. Dist. No.

MAR 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Canyon (b) City near Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Canyon
(c) City near Star
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 25 yrs

3. RESIDENCE OF FATHER (city, state) Star Idaho

5. Date of Birth of Child
(Month, day, year) Jan 3 1891

4. FULL NAME OF CHILD

Ida Jane Steele

6. Sex

female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME

John Colin Steele

11. Color or Race

White

12. Age at time of THIS birth

31 yrs.

13. Birthplace

Warrenburg

Missouri

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anna Lavina Palmer

17. Color or Race

White

18. Age at time of THIS birth

25 yrs.

19. Birthplace

Star

Idaho

20. Exact Occupation

House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 51 years, and that

Mrs. Larn Benson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Lavina Douglas Signature
P. O. Address

Subscribed and sworn to before me this 4th day of March, 1942

(SEAL)

Marion E. Orr

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

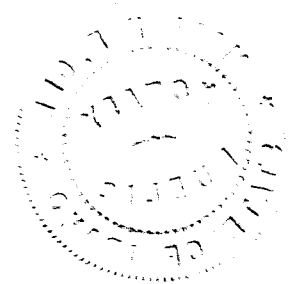
Received for filing on MAR 4 1942 by Marj Elder Registrar.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349 221 025 451

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

334940

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Idaho
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 15 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City In Country
(d) Street Address or R.F.D. No. No
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Annie Lena Turnbull

5. Date of Birth of Child Jan 21, 1891
(Month, day, year)

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Turnbull
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Nov Scotia
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Lead

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Deasy
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace State of Nevada
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Lead

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho M.D. Midwife Address Date

State of Nevada County of Esmeralda } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 50 years, and that Henrietta Deasy who attended this birth Dead I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 21 day of Feb 1942
(SEAL) John H. Wheeler Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

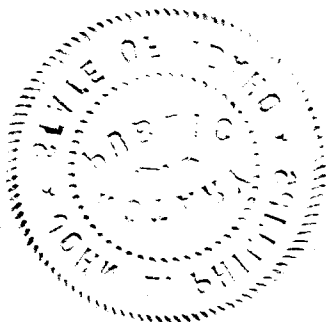
Received for filing on FEB 24 1942 by Marj Beelen Registrar.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249, 223-006, 343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

334961

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. now R.F.D. No. 2
(d) Name of Hospital or Maternity Home: none at residence
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 60 yrs.

4. FULL NAME OF CHILD

Grace Smith now Buckmaster

5. Date of Birth of Child

(Month, day, year) June 23-1891

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Seward Smith
11. Color Caucasian 12. Age at time of THIS birth 43 yrs.
13. Birthplace Idaho Falls, Co. New York
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter work & farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lorinda Tucker
17. Color Caucasian 18. Age at time of THIS birth 37 yrs.
19. Birthplace Idaho Falls, Idaho
(City or town) (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business General Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Bonneville

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 88 years of age, that I have known this person for 50 years, and that Mrs. Stevens who attended this birth now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter-139, 1937 Session Laws.

Subscribed and sworn to before me this 21 day of February, 1942

(SEAL)

Marie Bundy Notary Public, residing at Idaho Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Marl Tucker Registrar.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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335078

335078

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Pioneerville
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Pioneerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Gertrude Mable Koppes

5. Date of Birth of Child
(Month, day, year) June 22, 1891

6. Sex 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Michael M. Koppes
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Springfield Illinois
(City or town) (State or foreign country)
14. Exact Occupation Carpenter & Blacksmith
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Lind
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace The Dalles, Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 50 years, and that Doctor ZIPP, who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ralph Koppes Signature
P. O. Address

Subscribed and sworn to before me this 12 day of March, 1942
(SEAL) Dean Thompson Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

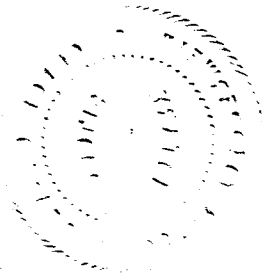
Received for filing on MAR 6 1942 by Mary E. Elder, Registrar.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



547-209 006-986

335251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Idaho Falls, Ida
(c) Street Address or R.F.D. No. Route #3
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 2 years 6 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Route #3

(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Pearl Lorena Empey Brent

5. Date of Birth of Child

(Month, day, year) October 9, 1891

6. Sex

Female

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL

NAME Ephraim Shadrach Empey

11. Color

White

12. Age at time

of THIS birth... 39 yrs.

13. Birthplace

Bedfordshire, England

(City or town)

(State or foreign country)

14. Exact

Occupation... Farmer and stockman

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN

NAME Sarah Ann Rhodes

17. Color

White

18. Age at time

of THIS birth... 34 yrs.

19. Birthplace

Lehi, Utah

(City or town)

(State or foreign country)

20. Exact

Occupation... Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child... 8 (b) Born alive and now living... 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Bonneville

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 84 years of age, that I have known this person for 50 years, and that

Mrs. Stevens, who attended this birth cannot be located. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Sarah Ann Rhodes Empey Signature
Route #3, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of January, 19 45

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mabel E. Fisher, Registrar.

MAH 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

335261
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. Route # 2
(d) Name of Hospital or Maternity Home:
Private Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Route # 2
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida

4. **FULL NAME OF CHILD** Sidney Pitman

5. Date of Birth of Child
(Month, day, year) Sept. 1, 1891

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sidney Pitman
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace New Port, England
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ann Billman
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Little Cotton, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D.
Midwife Address Date

State of Idaho } ss.
County of Gem }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 28 years of age, that I have known this person for 50 years, and that Mrs. Thompson, midwife, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

J. A. Pitman Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942.

(SEAL)

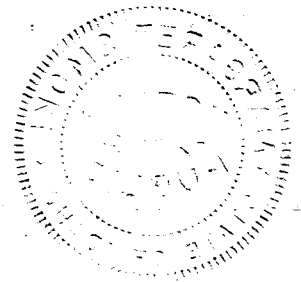
Margaret J. Hume Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Harold H. Baker, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope copying FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

265-2071029410

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335478**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Latah (b) City May, Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay **BEFORE** delivery:
IN THIS county — years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Latah
(c) City May, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) May, Idaho

4. FULL NAME OF CHILD

Glyndora Claraetta Rose

5. Date of Birth of Child
(Month, day, year) Sept. 7, 1891

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew Rose
11. Color White 12. Age at time of THIS birth 47 yrs.
13. Birthplace Norway, Europe
(City or town) (State or foreign country)
14. Exact Occupation Saw mill owner
15. Industry or Business Saw mill operator

MOTHER OF CHILD

16. FULL MAIDEN NAME Luck Emily Madison
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Leland, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Snohomish

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 23 years of age, that I have known this person for 51 years, and that Doctor Skellin, who attended this birth is deceased, I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Emily Rose Brown Signature
3215 N. Madison Spokane, Idaho Address

Subscribed and sworn to before me this 23 day of February, 1942
(SEAL) Chas. J. ... Notary Public, residing at Spokane

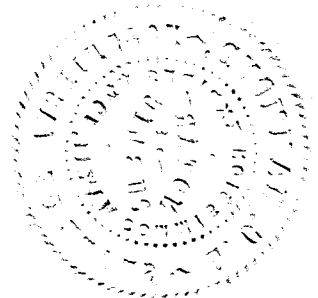
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mary Skellin Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



354-104-35645

335765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>NezPerce</u> (b) City <u>rural</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>9</u> years <u>9</u> months <u>days</u>	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>NezPerce</u> (c) City <u>Rural, Near Forest</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>9</u> yrs.
--	--

4. FULL NAME OF CHILD <u>Walter Harrison Lemons</u>	5. Date of Birth of Child (Month, day, year) <u>4-4-1891</u>
6. Sex <u>male</u>	7. Twin or Triplet <u>Triple</u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Thomas Franklin Lemons</u>	16. FULL MAIDEN NAME <u>Elva O'Dell</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>	12. Age at time of THIS birth <u>23</u> yrs.	18. Age at time of THIS birth <u>16</u> yrs.
13. Birthplace <u>Richland, Mo.</u> (City or town) (State or foreign country)	19. Birthplace <u>Richland Mo.</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>farmer</u>	20. Exact Occupation <u>housewife</u>		
15. Industry or Business <u>farmer</u>	21. Industry or Business <u>housewife</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature.....**M.D. Midwife**.....**Address**.....**Date**.....

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Idaho

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 50 years, and that Mary Lemons, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas F. Lemons Signature
Whitebird, Idaho P. O. Address
 Subscribed and sworn to before me this 20th day of February, 1942
 (SEAL) Hampton Taylor Notary Public, residing at Changerville, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

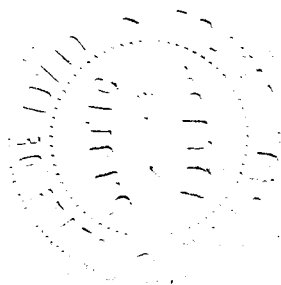
Received for filing on FEB 24 1942 by Walter Harrison Lemons, Registrar.

MAR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

699 107. 614. 298

335833

335833

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. R.F.D.

(e) How long has MOTHER lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

5. Date of Birth of Child
(Month, day, year) 9/7/1891

4. FULL NAME OF CHILD Perry Newton Orr

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John H. Orr
11. Color White 12. Age at time of THIS birth 60 yrs.
13. Birthplace Jacksonville, Arkansas
(City or town) (State or foreign country)
14. Exact Occupation deceased
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth M. Bryant
17. Color White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Perryville, Tennessee
(City or town) (State or foreign country)
20. Exact Occupation deceased
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Idaho
Canyon ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....acquaintance.....of the person whose name appears in Item 4, above, that I am now.....69.....years of age, that I have known this person for.....30.....years, and that

XXXXXX who attended this birth.....further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Curtis Haydon

Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of February, 19 42

(SEAL)

Em. Sille

Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

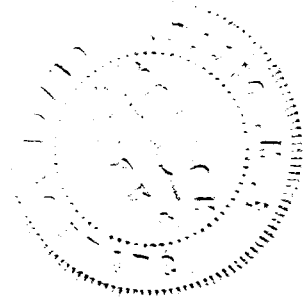
Received for filing on FEB 26 1942 by Mary Fielder, Registrar.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



335943

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Jefferson
(c) City Near Rigby
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) Nov. 21, 1891**4. FULL NAME OF CHILD** Leila Bell Wright

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months

of Pregnancy 9 9. Legitimate? yes**FATHER OF CHILD**10. FULL NAME Edwin Wright11. Color White 12. Age at time of THIS birth 33 yrs.13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)14. Exact Occupation Farmer15. Industry or Business Own farm**MOTHER OF CHILD**16. FULL MAIDEN NAME AGNES PETERSEN17. Color White 18. Age at time of THIS birth 30 yrs.19. Birthplace Norway, ~~Sweden~~
(City or town) (State or foreign country)20. Exact Occupation Housewife21. Industry or Business In own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4**ATTENDANT'S CERTIFICATE**24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for from infancy years, and that the midwife (name unknown), who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942.

(SEAL)

Demetrius E. McBrideNotary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9, Idaho Code Annotated.) Comm. Exp. 9/1/45.

Received for filing on MAR 2 1942 by Mari E. Ecker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

699-221-026-

753

SEA 10 1942

AUG 13 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and in the manner prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

317-111-028864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336408

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootnai</u> (b) City <u>Hope</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years - months - days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootnai</u> (c) City <u>Hope</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>1</u> yrs	
4. FULL NAME OF CHILD <u>Robert Howard Capener</u>		5. Date of Birth of Child (Month, day, year) <u>7-11-1891</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9 mos.</u> Legitimate? <u>Yes</u>	
7. Twin or Triplet <u>neither</u> If so—born <u>1st, 2nd, 3rd</u>			
FATHER OF CHILD 10. FULL NAME <u>Arthur Erwin Capener</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>23</u> yrs. 13. Birthplace <u>Baraboo, Wisconsin</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Dentist</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Florence Lucelia Young</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Moir, New York</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (First name) (Last name)
25. Attendant's **OWN signature** Wisconsin **M.D.** **Midwife** **Address** **Date**
Barron ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 50 years, and that Robert McAlphine is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Lucelia Capener Signature
Chetek, Wisconsin P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942.
 (SEAL) Leura P. Charles Notary Public, residing at Chetek, Wisc.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Henry A. B. Lefter, Registrar.

JAN 3 0 8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-220 016-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO
MAR 9 1942

State File No. 336437
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Basin
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:

IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Basin
(d) Street Address or R.F.D. No. 1

(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Broadford Idaho

5. Date of Birth of Child
(Month, day, year) march 20-1891

4. FULL NAME OF CHILD Emma Elisabeth Williams

6. Sex F 7. Twin or Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Thomas Williams

11. Color White 12. Age at time of THIS birth 24 yrs.

13. Birthplace Cornwall England
(City or town) (State or foreign country)

14. Exact Occupation miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Arleta Fairchild

17. Color White 18. Age at time of THIS birth 22 yrs.

19. Birthplace Granville Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Seamstress

22. Name prophylactic used to prevent Ophthalmia Neonatorum argrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was argrol at Basin M. on the date March 9 1942
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by argrol, who is related to this child as mother
(First name) (Last name)

25. Attendant's OWN signature argrol M.D. argrol Address argrol Date March 9 1942

State of Idaho County of Cassia ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the argrol of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 51 years, and that

argrol, who attended this birth deceased I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma McIntosh Signature

P. O. Address

Subscribed and sworn to before me this 9th day of March 1942
(SEAL) argrol Notary Public, residing at argrol

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 10 1942 by argrol Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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256131 030-268

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 10 1942

State File No. 336494
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County. LEMHI (b) City. SALMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 21 years month days

4. FULL NAME
OF CHILD

HAROLD ISIAH SNODGRASS

6. Sex male

7. Twin or Triplet no
If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME CHARLES A. SNODGRASS

11. Color or Race. WHITE 12. Age at time of THIS birth. 26 yrs.

13. Birthplace DUBUQUE IOWA
(City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State. IDAHO (b) County. LEMHI

(c) City. SALMON

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 21 yrs.

(f) Mother's mailing address. SALMON, IDAHO

3. RESIDENCE of FATHER (city, state) SAME

5. Date of Birth

(Month, day year) DEC. 31, 1891

8. No. months

of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA MAY BOHANNON

17. Color or Race. WHITE 18. Age at time of THIS birth. 26 yrs.

19. Birthplace DUBUQUE IOWA
(City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0

23. Number of children of this mother: (a) At time of birth and including this child. 5 (b) Born alive and now living. 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

26. (a)..... (Date received) (b)..... (Mother's signature) (c)..... (Registrar's signature)

27. Given name added on..... by..... (Registrar's signature)

25. Attendant's OWN signature..... M.D.
(D.O., Midwife, etc.)
and address..... Date.....

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, JOSIE BOHANNON, being first duly sworn, say that I am RELATED TP
HAROLD ISIAH SNODGRASS as AUNT
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ELIZA JANE BOHANNON, who attended

said birth IS NOW DECEASED and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 24th day of FEBRUARY, 1942

(SEAL)

Marion C. Mendenhall Signature
SALMON, IDAHO P. O. Address
Notary Public, residing at SALMON, IDAHO

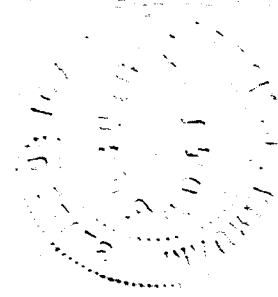
MAR 19 1942

FEB 20 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336600**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Alturas (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 2 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Alturas
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue, Ida.

5. Date of Birth of Child
(Month, day, year) January 17,
1891

4. FULL NAME OF CHILD Birdie Esther Carpenter

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 1891
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oscar Monroe Carpenter
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Troy Alabama
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business -----

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Rebecca Skyles
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Rollie Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of.....ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 70 years of age, that I have known this person for.....years, and that

Kerty, who attended this birth is now deceased I further state that
(Last name) (Is now deceased) or (Cannot be located)

facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Carpenter McLeod Signature
P. O. Address

Subscribed and sworn to before me this 18 day of March, 19 42
(SEAL) Gene Clover Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Calif

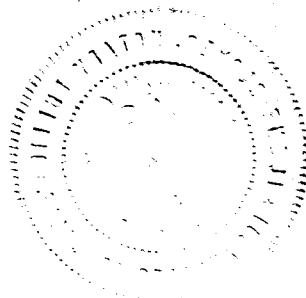
Received for filing on MAR 16 1942 by Harry + Helen, Registrar.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



49 127 023 313

336807

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **336807**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Gem</u> (b) City <u>Sweet</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years <u>10</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Gem</u> (c) City <u>Sweet</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>William Levi Martin</u>		5. Date of Birth of Child (Month, day, year) <u>June 27, 1891</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>James Eli Martin</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>39</u> yrs. 13. Birthplace <u>Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Ann Talley</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>41</u> yrs. 19. Birthplace <u>Morgan County, Ohio</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is
 related to this child as.....
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's
OWN signature Idaho **M.D.**
Ada **Midwife** **Address** **Date**
 State of..... }
 County of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half-sister of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 50 years, and that Mrs. Vanhorten, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kannah M. Ireton Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of March, 19 42.
 (SEAL) Wm E. D. ... Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by Mary E. Elder, Registrar.

MAR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993117029-843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336880**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. rural
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

4. **FULL NAME OF CHILD** Harry Riley
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Kendrick Idaho
5. Date of Birth of Child (Month, day, year) Jan-17-1891
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Theodore Riley
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Salton Kansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Eva Jane Hull
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Concordia Kansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11 - P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Eva Hull Riley who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of Washington } ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for all his life years, and that no physician in attendance who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1987 Session Laws.

Eva Jane Riley Signature
East 2028 - Sprato ave. P. O. Address

Subscribed and sworn to before me this 9 day of March, 1942
(SEAL) Minnie Matherson Notary Public, residing at Spokane Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mary Steffen Registrar.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

336882

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....

(e) Mother's stay BEFORE delivery:
IN THIS county years 4 months days

4. FULL NAME OF CHILD

William Alonzo Hollis

6. Sex M

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

1st

8. No. months of Pregnancy

Reg

9. Legitimate? Yes

5. Date of Birth of Child

(Month, day, year) 29 Mar 1891

3. RESIDENCE OF FATHER (city, state)

FATHER OF CHILD

10. FULL NAME

Alonzo D. Hollis

11. Color or Race Wh.

12. Age at time of THIS birth 31 yrs.

13. Birthplace

California

(City or town)

(State or foreign country)

14. Exact Occupation

Photographer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Grace B. Miller

17. Color or Race Wh

18. Age at time of THIS birth 19 yrs.

19. Birthplace

Nebraska

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife

Dr. Reynolds deceased

Address

Date

State of Idaho } ss.
County of Cassia

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 51 years, and that

Dr. Reynolds (First name) (Last name) who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace B. Miller Hollis Huggins Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of March, 19 42

(SEAL)

Henry H. Fisher

Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

MAR 17 1942

by.....

Michael P. Fisher

Registrar.

MAR 23 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-103 040-262

336893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Wallace</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years <u>7</u> months <u>7</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Wallace</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Jesse Alvin Ellars</u>		3. RESIDENCE OF FATHER (city, state) <u>Wallace Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Sep. 3, 1891</u>	
6. Sex <u>male</u>		7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd	
8. No. months of Pregnancy		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Henry Harrison Ellars</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>42 yrs.</u> 13. Birthplace <u>near Columbus, Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Hauling Contractor</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Laura Ann Bobo</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>35 yrs.</u> 19. Birthplace <u>near Memphis, Tenn</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature..... **M.D.**..... **Address**..... **Date**.....
 Midwife

State of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Shoshone

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 50 years, and that physician (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura V. Ellars Signature
 _____ P. O. Address
 Subscribed and sworn to before me this 12 day of March, 1942
 (SEAL) Lam. D. Dargatz Notary Public, residing at Perceps, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Mary E. Dargatz Registrar.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

652-122-029-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336897
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Mosco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

4. FULL NAME OF CHILD Mary H. West

6. Sex Boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Edlis H. West
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Uuden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15.

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.
5. Date of Birth of Child April 22
(Month, day, year) 1921

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Viola Keeney
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Lawrence, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Nezperce

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 51 years, and that Catherine King who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Viola West Signature
Peck, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of February, 1942
(SEAL) Daniel L. ...

(Note: Perjury is punishable as a felony under the laws of the State of Idaho.)

Received for filing on Mar 14 1942 Registrar.

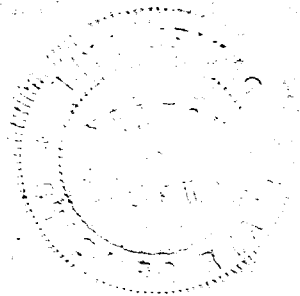
MAR 23 1942

AUG 24 1960
SEP 25 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

midwife, or by affidavits of the father or mother of the child, or if
neither father or mother of the child is living or accessible, of the
nearest of kin or guardian, or some person having direct knowledge
in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231 123 025-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

336922

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 17 1942

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Idaho (b) City Grangerille

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

In THIS county _____ years _____ month _____ days.

4. FULL NAME OF CHILD

Seth Thomas Stantial

6. Sex male

7. Twin or Triplet _____

If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Dolman Stantial

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

13. Birthplace Green Island New York

(City or town)

(State or foreign country)

14. Exact Occupation mining

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sophie Lidora Conner

17. Color or Race white

18. Age at time of THIS birth 27 yrs.

19. Birthplace Lexington Minn.

(City or town)

(State or foreign country)

20. Exact Occupation Teacher

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date

and at the place stated above, and that personal particulars were furnished by _____, who is

related to this child as _____ (First name) (Last name)

26. (a) _____

(Date received)

(Mother, etc.)

(Registrar's signature)

27. Given name added on _____ by _____

(Registrar's signature)

25. Attendant's

OWN signature _____

M.D.

(D.O., Midwife, etc.)

and address _____

Date _____

State of _____

County of _____

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs John D. Stantial, being first duly sworn, say that I am Mother of

(Related to (or) acquainted with)

Seth Thomas Stantial as _____, whose birth certificate

(Name of person on certificate above)

(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended

(Name of attendant at birth)

said birth deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Signature

Subscribed and sworn to before me on this _____ day of _____

(SEAL)

Notary Public, residing at _____, Los Angeles, State of California.

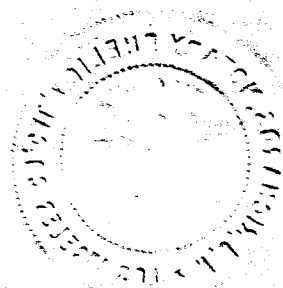
My Commission Expires April 13, 1943

MAR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



213 -127-244-219
MAR 25 1942

338019

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338019**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

4. FULL NAME OF CHILD Ray Walter Saling

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho
5. Date of Birth of Child
(Month, day, year) Jan. 27, 1891

6. Sex male **7. Twin or Triplet** no **If so—born** 1st, 2nd, 3rd **8. No. months of Pregnancy** 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Ellis Howard Saling
11. Color or Race white **12. Age at time of THIS birth** 31 yrs.
13. Birthplace Pappillion Nebraska
(City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business "

MOTHER OF CHILD
16. FULL MAIDEN NAME Ada May Bain
17. Color or Race white **18. Age at time of THIS birth** 18 yrs.
19. Birthplace Colony Kansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum ..
23. Number of children of this mother: (a) 1 At time of birth and including this child... (b) 1 Born alive and now living...

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D. Midwife** **Address** **Date**

State of Idaho } ss.
County of Washington

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 51 years, and that Dr. Giles Sater, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada May Bain Saling Nichols Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of March, 1942.
(SEAL) Notary Public, residing at Weiser, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

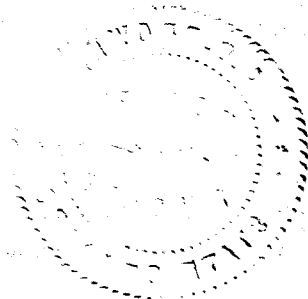
Received for filing on MAR 25 1942 by Mary E. Eden, Registrar.

WAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

312-108-026-493

338053

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338053**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County..... (b) City Manan
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County.....
(c) City Manan
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 3 yrs.

4. FULL NAME OF CHILD William Elmer Casper
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child Jan. 4, 1891
(Month, day, year)
8. No. months of Pregnancy Nine 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Peter William Casper
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Big Cottonwood, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Margaret Maria Miles
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Peon, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... 5 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was, born alive, at..... 11 P. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Margaret M. Casper, who is
related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Blaine

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 51 years, and that Not known who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret M. Casper Signature
Emmett Idaho P. O. Address
Subscribed and sworn to before me this 25th day of March, 1942
(SEAL) Elsa Salaskov Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar. 26, 1942 by Mary E. Eder, Registrar.

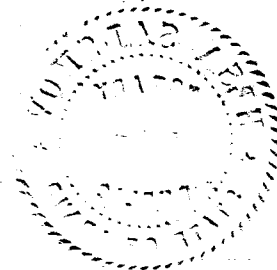
MAR 26 1932

MAY 9 1932

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been recorded~~, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338297**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County. Kootenai (b) City. Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State. Idaho (b) County. Kootenai
(c) City. Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD.** Carroll Burton Robinson

5. Date of Birth of Child
(Month, day, year) Jan. 6, 1891

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Amos Dean Robinson
11. Color White 12. Age at time of THIS birth. 30 yrs.
13. Birthplace. Iowa City - Iowa
(City or town) (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL NAME** MAUDE HERRICK SMITH
17. Color White 18. Age at time of THIS birth. 26 yrs.
19. Birthplace. HORICON WISCONSIN
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child. 3 (b) Born alive and now living. 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of. WASHINGTON
County of. Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 77 years of age, that I have known this person for 51 years, and that
Mrs. Nelder, midwife, is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Maudie Smith Robinson Signature
737 W. Euclid, Spokane, Washington P. O. Address

Subscribed and sworn to before me this 17th day of March, 1942, 19.....
(SEAL) Edward J. ... Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 77-914, Idaho Code Annotated.)

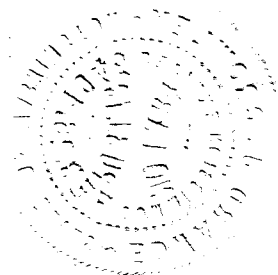
Received for filing on. MAR 21 1942 by Mary E. ... Registrar.

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

755-215-004-796

338526

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County...Bear Lake (b) City...Montpelier..
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
Family Home
(e) Mother's stay BEFORE delivery:
IN THIS county 13 years 6 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State...Idaho..... (b) County...Bear Lake..
(c) City...Montpelier..
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 13 yrs.

4. FULL NAME OF CHILD

Nellie Irene Gae

5. Date of Birth of Child

(Month, day, year) 6-15-1891

6. Sex

Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL

NAME Robert William Gae

11. Color..... 12. Age at time
or Race...White..... of THIS birth...40 yrs.
13. Birthplace...Lincolnshire, England..
(City or town) (State or foreign country)
14. Exact
Occupation...Miner..
15. Industry or
Business...Mining..

MOTHER OF CHILD

16. FULL MAIDEN

NAME Mary Elizabeth Groo

17. Color..... 18. Age at time
or Race...White..... of THIS birth...33 yrs.
19. Birthplace...Salt Lake Utah..
(City or town) (State or foreign country)
20. Exact
Occupation...Housewife..
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child...7 (b) Born alive and now living...7..

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of...Idaho..
County of...Bear Lake..
} ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears
in Item 4, above, that I am now...70...years of age, that I have known this person for...40...years, and that
.....Dr. C. A. Hoover....., who attended this birth...Deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Martha E. Cunningham Signature
Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 10 day of March, 19 42

(SEAL)

Chas E. George

Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAR 23 1942

by

Marl E. Fisher

Registrar.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of child stated.

296-121-001-319

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

338633

1. PLACE OF BIRTH
County of Ada near Canyon
City of nearampa, Idaho
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ray Edward Brown

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth August 21 1891
(Month, Day, Year)

9. Full name FATHER Thomas Alvin Brown

18. Full maiden name MOTHER Lillie R. Pernice Carter

10. Residence (usual place of abode) (If non-resident, give place and State) _____

19. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race white 12. Age at last birthday 29 (years)

20. Color or race white 21. Age at last birthday 22 (years)

13. Birthplace (city or place) Morning Star (State or Country) Iowa

22. Birthplace (city or place) Centerville Iowa (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____, 1933

25. Date (month and year) last engaged in this work To date, 1933

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sol Ag. Mt.

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation { months or weeks _____ } 30. Cause of Stillbirth { During labor _____ Before labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) J H Murray, M. D.
or _____, Midwife

Address Nampa Idaho
Filed Mar 24 1942, 1933

Registrar.

Registrar.

MAR 30 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-203-022-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338642**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH*** (All items at time of this birth)
(a) County Fremont (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.
3. **RESIDENCE OF FATHER** (city, state) Lewisville

4. **FULL NAME OF CHILD** Hazle Mary Taylor
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) March 3, 1891

FATHER OF CHILD
10. **FULL NAME** Albert Taylor
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Ogden, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Susan Elizabeth Marler
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Huntsville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 51 years, and that Grandma Fox who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Taylor Signature
112 E. Plymouth St., Long Beach, Calif. Address

Subscribed and sworn to before me this 22 day of March 1942
(SEAL) [Signature] Notary Public, residing at Long Beach, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated; Commission Expires June 10th, 1944)

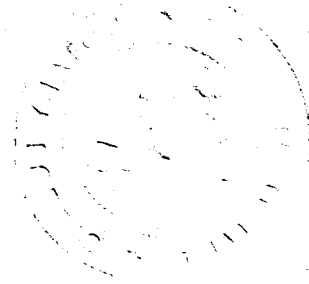
Received for filing on MAR 25 1942 by Mabel Beeler Registrar.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314-229-230-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338651**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEMHI (b) City BAKER ^{3 miles in country}
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years months days

USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City Baker ^(3 miles in country)
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs

4. FULL NAME OF CHILD Grace H. Campbell ^(Character)
7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Died Salmon, Ida
5. Date of Birth of Child Jan. 26-1919
(Month, day, year) Aug 29 1891
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Martin A. Chandler
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Knox Co. Illinois
(City or town) (State or foreign country)
14. Exact Occupation Mining and Farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Louise E. Turner
17. Color White 18. Age at time of THIS birth 41 yrs.
19. Birthplace Washington County, Ind.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon County of Boone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 5.5 years, and that Mrs. L.P. Washington who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise E. Combs Signature
P. O. Address

Subscribed and sworn to before me this 14th day of March 1942
(SEAL) [Signature] Notary Public, residing at Baker, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) McCombs

Received for filing on MAR 25 1942 by Mary E. Baker Registrar.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

735-126-244-455
*Now Adams County

338680

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County... Washington* (b) City... Council
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at parents' home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State... Idaho (b) County... Washington*
(c) City... Council
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD... LLOYD GLENN
6. Sex Male 7. Twin or Triplet
If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Jan. 26 1891
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME James F. Glenn
11. Color white 12. Age at time of THIS birth 41 yrs.
13. Birthplace... Arkansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME... Elizabeth Denton
17. Color white 18. Age at time of THIS birth 36 yrs.
19. Birthplace... Arkansas
(City or town) (State or foreign country)
20. Exact Occupation housekeeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date
Oregon }
State of..... } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4; above, that I am now 69 years of age, that I have known this person for 50 years, and that Dr. Sherwood, who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....day of March, 1941
(SEAL) Notary Public, residing at Salem Oregon
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-911, Idaho Code Annotated.)
My commission expires March 12, 1944

Received for filing on MAR 24 1942 by Marj B. Beaton, Registrar.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

715-109-215-955

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

338683
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County **Caribou** (b) City **Soda Springs**
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County _____
(c) City **Soda Springs**
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? **60** yrs.
(f) Mother's mailing address _____

4. FULL NAME OF CHILD

Delbert John Panting

5. Date of Birth
(Month, day year) **July 9, 1891** **Idaho**

6. Sex **Male**

7. Twin or If so—born
Triplet 1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **Christopher Panting**
11. Color **white** 12. Age at time
or Race **white** of THIS birth **41** yrs.
13. Birthplace **England**
(City or town) (State or foreign country)
14. Exact Occupation **Farming**
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME **Salina Reed Panting**
17. Color **white** 18. Age at time
or Race **white** of THIS birth **35 1/2** yrs
19. Birthplace **England**
(City or town) (State or foreign country)
20. Exact Occupation **housewife**
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child **9** (b) Born alive and now living **7**
(c) Born alive and now dead **4** (d) Stillborn **None**

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) **MAR 24 1942** (b) _____
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
and address _____ Date _____
(D.O., Midwife, etc.)

State of **Utah**
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, **Mrs. F. R. Hudson**, being first duly sworn, say that I am **related to**
Delbert John Panting as **sister**
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Mrs. Jim Gail**, who attended
said birth **is now deceased** and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **23** day of **March**, 1942.
(SEAL) **Carlin Chester** Clerk of District, residing at **Soda Springs, Id.**
Mrs. P. R. Hudson Signature
12086th & 3rd Lake City P. O. Address

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

453-220-008-432

338862

338862

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census APR 1 1942 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Garden Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Garden Valley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 71 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marion Lola DeChambeau
5. Date of Birth of Child Sept. 20, 1891
(Month, day, year)

6. Sex female 7. Twin or Triplet Triple If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME James Nesbit DeChambeau 16. FULL MAIDEN NAME Elsie Ann McBride
11. Color white 12. Age at time of THIS birth 26 yrs. 17. Color white 18. Age at time of THIS birth 21 yrs.
13. Birthplace Montreal, Canada (City or town) (State or foreign country) 19. Birthplace Garden Valley (City or town) (State or foreign country)
14. Exact Occupation farmer 20. Exact Occupation housewife
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Idaho County of Ada } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 50 years, and that Mrs. McBride, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Ann DeChambeau Signature
Eagle, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of March, 19 42.
(SEAL) Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Marj. F. Edder Registrar.

APR 1 1942

JUL 20 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338895**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 5 months days

4. FULL NAME OF CHILD

Bessie May Teare

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Philip Henry Teare

11. Color White 12. Age at time of THIS birth 35 yrs.

13. Birthplace Ballaugh, Isle of Man, England
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah

(c) City Moscow

(d) Street Address or R.F.D. No. --

(e) How long has **MOTHER** lived in Idaho? 1 yr. 5 Mo.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

5. Date of Birth of Child
(Month, day, year) October 24, 1891

MOTHER OF CHILD

16. FULL MAIDEN NAME

Margaret Mylrea

17. Color White 18. Age at time of THIS birth 36 yrs.

19. Birthplace Andreas, Isle of Man, England
(City or town) (State or foreign country)

20. Exact Occupation Homemaker

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ??

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Latah Idaho }
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for since birth years, and that

Dr. W. H. Carithers who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret E. Olsen (nee Teare)

Signature

P. O. Address

Subscribed and sworn to before me this 26th day of March, 19 42

(SEAL)

Frank Stanton

Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1942 by Margaret E. Olsen, Registrar.

APR 1 1942

JAN 28 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

844-225-037-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338994**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Three Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Three Creek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

4. **FULL NAME OF CHILD** Gladys May Hodge

5. Date of Birth of Child
(Month, day, year) Sept. 28, 1891

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** William Hodge
11. Color white 12. Age at time of THIS birth 49 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alice Amelia Gore
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3-2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date and at the place stated above, and that personal particulars were furnished by Alice Hodge, who is related to this child as mother.
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Emily A. Pence Address Mountain Home, Idaho

State of Idaho County of ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that , who attended this birth I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by , Registrar.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certificate copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339001**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Star</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years <u>4</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Albion</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>Lee Roy Moon</u>		3. RESIDENCE OF FATHER (city, state) <u>Albion, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Oct. 17, 1891</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No months of pregnancy
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Lee Roy Moon</u>		16. FULL MAIDEN NAME <u>Lucy Ann Jeffs</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>31</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>26</u> yrs.
13. Birthplace <u>Millad Idaho</u> (City or town) (State or foreign country)		19. Birthplace <u>Farmington, Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature **M.D.** **Midwife** **Address** **Date**

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 50 years, and that Dr. Hall who attended this birth Deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Allice M. Pinkham Signature
Box 223, Central Point, Ore. P. O. Address

Subscribed and sworn to before me this 25th day of March, 1942.
(SEAL) Jay Rex Notary Public, residing at Central Point.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Oregon

Received for filing on MAR 28 1942 by Registrar.

APR 1 1942

RECEIVED
TO THE CLERK

DEPT. OF
(M)

8
P

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-1094026-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County... Jefferson (b) City... Camas

(c) Street Address or R.F.D. No.....

(d) Name of Hospital or Maternity Home:
At residence

(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) **County** Jefferson
 (c) City Camas
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. FULL NAME OF CHILD..... Horace Hoffman

6. Sex..... Male

7. Twin or Triplet..... Single

If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. **FULL NAME** Henry James Hoffman

11. **Color** White 12. **Age at time** 52 **yrs.**
or **Race** White of **THIS birth** 52 **yrs.**

13. **Birthplace** Boone County, Kentucky
(City or town) (State or foreign country)

14. **Exact Occupation** Blacksmith

15. **Industry or Business** Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Gilbert

17. Color White 18. Age at time 42 yrs.
or Race of THIS birth.

19. Birthplace Mc. Donnell County, Mo.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....6 (b) Born alive and now living.....Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____
 _____ Midwife _____ Address _____ Date _____

State of Montana _____ } ss. **AFFIDAVIT** to be completed when the attendant does not sign
 County of Deer Lodge _____ } **in Item 25.**

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 51 years, and that Mrs. Parish who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Cornwell Signature
123 Elm Street P. O. Address

Subscribed and sworn to before me this 15 day of March, 1971.
(SEAL) Phil Daniels Notary Public, residing at Anseonda Mount

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code. A Perjury for the State of Montana

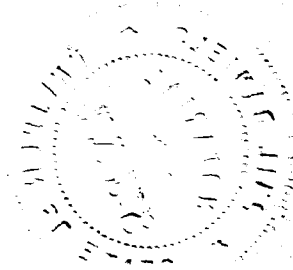
Received for filing on MAR 27 1964 by residing at [illegible] Montana Registrar

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



113-210-019-275

339323

United States **APR 6 1942** (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339323**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>Custer</u> (b) City <u>Shallis</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. IN THIS county years month days	2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Custer</u> (c) City <u>Shallis</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs. (f) Mother's mailing address.
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4. FULL NAME OF CHILD <u>Edna Jackson</u> 6. Sex <u>Female</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd	5. Date of Birth <u>Sept 10, 1891</u> (Month, day year) 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>
--	---

FATHER OF CHILD 10. FULL NAME <u>Jesse Monroe Jackson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Bethalto Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Homesteader</u> 15. Industry or Business	MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Marion Irene Spenny</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>21</u> yrs. 19. Birthplace <u>Ulysses Nebraska</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business
--	---

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (First name) (Last name)

26. (a) APR 6 1942 (Date received) **(b) Mount G. Elder** (Registrar's signature)
25. Attendant's OWN signature **M.D.** (D.O., Midwife, etc.)
27. Given name added on **by** **and address** **Date**
 (Registrar's signature)

State of Idaho } ss.
 County of Ada

I, Grace Getman, being first duly sworn, say that I am related to Edna Jackson as second cousin, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. D. O. Dodge, who attended said birth is deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on 31 day of March 1942
 (SEAL) [Signature] Notary Public, residing at Boise, Idaho

Signature Grace Getman
 P. O. Address Boise, Idaho

1pp 6 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

25X-185-029-554

339406

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 3 yrs.

4. FULL NAME OF CHILD

Burton Knudtson

5. Date of Birth of Child

(Month, day, year) Jan 5-1891

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Knudtson

11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Sands Norway
(City or town) (State or foreign country)

14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Julia Annie Neilson

17. Color White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Lofoten Island Norway
(City or town) (State or foreign country)

20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Idaho ss.
County of Latah

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 51 years, and that Spie Schmalen who attended this birth is now deceased further state that (Is now deceased) of (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ida L. Davis

Signature

618 E. Broad, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 30th day of March, 1942

(SEAL)

Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

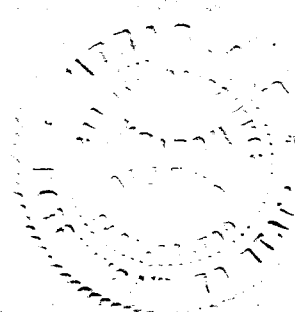
Received for filing on APR 1 1942 by Mabel E. Egan Registrar.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

355-706-029-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339651**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Cornwall
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Cornwall
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Cornwall

4. FULL NAME OF CHILD

Karl Russell Lee

5. Date of Birth of Child
(Month, day, year) Jan. 6, 1891

6. Sex Male

7. Twin or
Triplet ---

If so—born
1st, 2nd, 3rd ---

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Lee
11. Color White 12. Age at time
or Race White of THIS birth --- yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Johnson
17. Color White 18. Age at time
or Race White of THIS birth --- yrs.
19. Birthplace Missouri
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.
County of Latah

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears
in Item 4, above, that I am now 73 years of age, that I have known this person for 51 years, and that
Name Unknown (First name) (Last name), who attended this birth is now DECEASED I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws. I WAS PRESENT AT BIRTH

Maude Jane Bundy - SISTER Signature
2815 Cottonwood, Bellingham, Wash. P. O. Address

Subscribed and sworn to before me this 20 day of March, 1942
(SEAL) Helen Lueck Notary Public, residing at Bellingham

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on APR 3 1942 by Maude Jane Bundy Registrar.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

533-203-040-262

339664

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Wallace</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Wallace</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Bessie Eleanor Watts</u>		5. Date of Birth of Child (Month, day, year) <u>Sep. 3, 1891</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? <input checked="" type="checkbox"/>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Henry Harrison Elbow</u>		16. FULL MAIDEN NAME <u>Lura Ann Robb</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>42</u> yrs.		18. Age at time of THIS birth <u>35</u> yrs.	
13. Birthplace <u>near Colmar, Pa.</u> (City or town) (State or foreign country)		19. Birthplace <u>near Memphis, Tenn.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Hauling Coal</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**
State of Idaho County of Shoshone ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for all her life years, and that who attended this birth I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 1 day of April, 1942.
(SEAL) Ed Logan Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Signature Lura V. Elbow P.O. Address 30 E. Glass Spokane Wn.

Received for filing on APR 2 1942 by Mary Steadman Registrar.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

792-217029-418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

339949

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH All items at time of this birth)

- (a) County Latah (b) City
(c) Street Address or R.F.D. No. Janey P.O.
(d) Name of Hospital or Maternity Home

(e) Mother's stay BEFORE delivery:

IN THIS county 10 years months days

4. FULL NAME OF CHILD

Pearl Edna Gibson Lathrop

6. Sex Female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Samuel Gibson

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace

Indiana
(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah

(c) City

(d) Street Address or R.F.D. No. Janey P.O.

(e) How long has MOTHER lived in Idaho 57 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

5. Date of Birth of Child

(Month, day, year) Oct 17 1891

16. FULL MAIDEN NAME

MOTHER OF CHILD

Martha Scripta Day

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace

Iowa
(City or town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Latah

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half sister of the person whose name appears in Item 4 above, that I am now 74 years of age, that I have known this person for 51 years, and that

Adela Drury, who attended this birth, I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bora B Drury

Signature

P. O. Address

Subscribed and sworn to before me this 2 day of April, 1942

(SEAL)

Notary Public, residing at Marion Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Marion Drury Registrar.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331 705044 613

340076

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Crane Creek
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Crane Creek
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. RESIDENCE OF FATHER (city, state) Crane Cr. Idaho

4. FULL NAME OF CHILD Elmer William Claiborn
7. Twin or Triplet single If so—born 1st, 2nd, 3rd
6. Sex male

5. Date of Birth of Child
(Month, day, year) Aug. 5, 1891

8. No. months of Pregnancy 9 9. Legitimate yes

FATHER OF CHILD

10. FULL NAME Edward Claiborn
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Merrysville, California
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Susie Walker
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Martin Co., Indiana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address State of Oregon Date County of Malheur } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 51 years, and that Margaret Walker who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

Susie Tolakora Cotton Signature
Rt. 1 Nyssa, Oregon P. O. Address

Subscribed and sworn to before me this 3rd day of March, 19 42
(SEAL) Thaddene Jennings Notary Public, residing at Nyssa, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

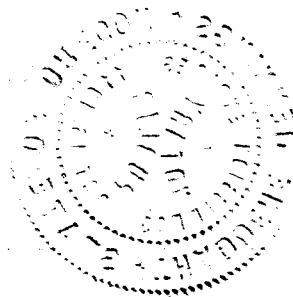
Received for filing on APR 9 1942 by Mabel Beeler Registrar.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

465 108 0444 877

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340167**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

4. FULL NAME OF CHILD

William Earnest Moe

3. RESIDENCE OF FATHER (city, state) Council Idaho
5. Date of Birth of Child (Month, day, year) Feb. 8: 1942

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Moe
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Westminster Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Kate Harper
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Missouri
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 1 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by William Moe, who is related to this child as father (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon County of Marion ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the old neighbor of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for over 50 years, and that woman, who attended this birth dead or cannot be located, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma L McWhorter Signature
532 W. Swanness St. Salem Ore P. O. Address

Subscribed and sworn to before me this 7th day of April, 19 42
(SEAL) Edgar B. Paine Notary Public, residing at Salem Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. expires 3-1-44

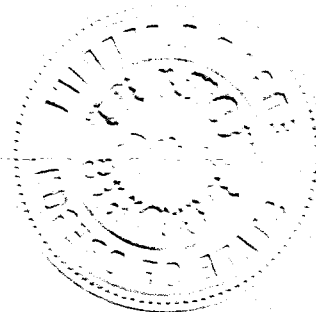
Received for filing on APR 9 1942 by Mary E. Fisher Registrar.

APR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340238**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Ada** (b) City **Boise**
(c) Street Address or R.F.D. No. **Outside City Limits**
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Ada**
(c) City **Boise**
(d) Street Address or R.F.D. No. **R 2 N 7 E**
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Olive Elizabeth Hess

5. Date of Birth of Child

(Month, day, year) **2-20-1891**

6. Sex

Female

7. Twin or Triplet

No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

Yes

10. FULL NAME

James Gilbert Hess

11. Color or Race

White

12. Age at time of THIS birth

36 yrs.

13. Birthplace

(City or town)

Idaho (State or foreign country)

14. Exact Occupation

Farming

15. Industry or Business

Farming

16. FULL MAIDEN NAME

Larshann Ballenger

17. Color or Race

White

18. Age at time of THIS birth

15 yrs.

19. Birthplace

(City or town)

Texas (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **7**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature

L. Ballenger

M.D.

Midwife

Address

Date

State of **Idaho** County of **Ada** ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Father** of the person whose name appears in Item 4, above, that I am now **79** years of age, that I have known this person for **51** years, and that **Larshann Ballenger** who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **8th** day of **April**, 19**42**

(SEAL)

A. E. Byrnes Notary Public, residing at **Boilingham**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

APR 10 1942

by

Marj H. Fisher

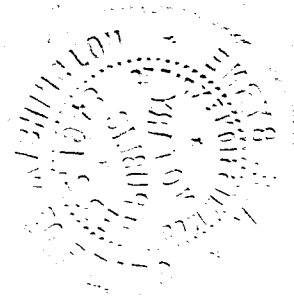
Registrar.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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553-108-036-793
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340255**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No. South 4th East
(d) Name of Hospital or Maternity Home: Birth at Home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 3 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No. South 4th East
(e) How long has MOTHER lived in Idaho? 30 yrs.
3. RESIDENCE OF FATHER (city, state) Preston, Idaho

4. FULL NAME OF CHILD Joseph Lynn Nelson

5. Date of Birth of Child
(Month, day, year) Dec. 8, 1891

6. Sex Male 7. Twin or Triplet None If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph G. Nelson
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Goshen, Utah
(City or town) (State or foreign country)
14. Exact Occupation Teacher
15. Industry or Business Farmer-Gardening

MOTHER OF CHILD

16. FULL MAIDEN NAME Almeda Giles
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Holden, Utah
(City or town) (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business Home-maker

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 5:06 P.M. on the date Dec. 8, 1891 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Almeda G. Nelson who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of Idaho County of Oneida **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 71 years of age, that I have known this person for 51 years, and that Mrs. M. G. Nelson who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Almeda G. Nelson Signature
Present Temporary address, 271 East 3 North Logan, Utah P. O. Address
Subscribed and sworn to before me this 12th day of March, 1942
(SEAL) Gertrude Holloway Notary Public, residing at San Diego, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by Marjorie E. Egan Registrar.
1 copy to

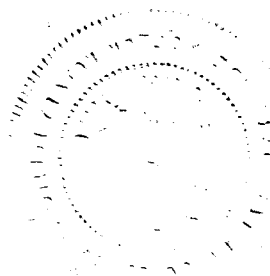
APR 14 1942

SEP 8 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619 124029-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **340277**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. Latah (b) City.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county. 10 years month days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Latah
(c) City. near Genesee
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs
(f) Mother's mailing address. same

3. **RESIDENCE OF FATHER** (city, state). Idaho

4. **FULL NAME OF CHILD.** Melvin George Wardrobe

5. Date of Birth (Month, day, year). 2/24/1891

6. Sex. Male 7. Twin or Triplet 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME. <u>Andrew M. Wardrobe</u>	16. FULL MAIDEN NAME. <u>Isabelle Slack</u>		
11. Color <u>white</u> or Race	17. Color <u>white</u> or Race	12. Age at time of THIS birth. <u>51</u> yrs.	18. Age at time of THIS birth. <u>36</u> years
13. Birthplace. <u>Glasgow, Scotland</u> (City or town) (State or foreign country)	19. Birthplace. <u>England</u> (City or town) (State or foreign country)		
14. Exact Occupation. <u>farming</u>	20. Exact Occupation. <u>house wife</u>		
15. Industry or Business. <u>for self, Grains.</u>	21. Industry or Business. <u>farmer</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) (b) Maid Hecker
(Date received) (Registrar's signature)

25. Attendant's OWN signature M.D. or
(D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature) and address Date

State of. Idaho
County of. Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ella Nora Armstrong being first duly sworn, say that I am a related to Melvin G. Wardrobe as a sister, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Beck (Name of attendant at birth)
said birth. is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

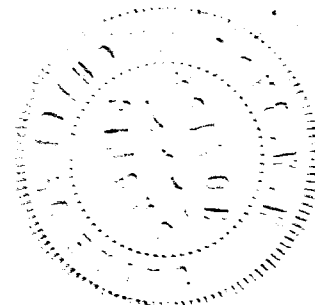
Subscribed and sworn to before me on this 4th day of April 1942
(SEAL) Ella Nora Armstrong Name
Lewiston, Idaho P. O. Address
Notary Public, residing at Genesee, Idaho

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415 122-001917

34029C

340296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

APR 15 1942

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>Do not remember St.</u> (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years <u>8</u> months <u></u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>North part of town</u> (e) How long has MOTHER lived in Idaho? <u>9</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Boise, Idaho</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 22, 1891</u>	

4. FULL NAME OF CHILD <u>Athol Ragland Davis</u>		6. Sex <u>Male</u>		7. Twin or Triplet <u>No</u>		If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>Yes</u>	
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FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Allen Davis</u>		16. FULL MAIDEN NAME <u>Mary Madison Ragland</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>35</u> yrs.		18. Age at time of THIS birth <u>34</u> yrs.	
13. Birthplace <u>Shelby County, Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Nr. Duncans Bridge, Missouri</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Barber</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum..... <u>5</u>	
23. Number of children of this mother: (a) At time of birth and including this child..... <u>5</u> (b) Born alive and now living..... <u>4</u>	

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature		M.D.	Address	Date
State of <u>Idaho</u>				
County of <u>Ada</u>				

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 50 years, and that Mrs. Nibler, midwife, who attended this birth X. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this <u>13th</u> day of <u>April</u> , 19 <u>42</u>		Signature <u>Beryl D Turner</u>		P. O. Address <u>408 Thatcher St., Boise, Idaho</u>
(SEAL)		Notary Public, residing at <u>Boise, Idaho</u>		
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)				

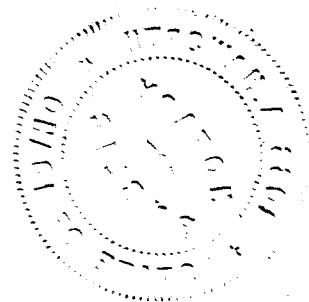
Received for filing on APR 15 1942 by Mary E Elder, Registrar.

APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165-229036-234
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340343
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ONEIDA (b) City MALAD
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
AT HOME
(e) Mother's stay **BEFORE** delivery:
IN THIS county 20 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAH (b) County ONEIDA
(c) City MALAD
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** MARY JONES
5. Date of Birth of Child
(Month, day, year) 5-29-1891
6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** WILLIAM P. JONES
11. Color WHITE 12. Age at time of THIS birth 23 yrs.
13. Birthplace MALAD IDAHO
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** RACHEL STUBBS
17. Color WHITE 18. Age at time of THIS birth 20 yrs.
19. Birthplace MALAD IDAHO
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of ONEIDA

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 51 years, and that MARY ANN HOBBS, who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11th day of April, 1942
(SEAL) Wm. Allen Notary Public, residing at MALAD, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel J. [Signature] Registrar.

APR 14 1900

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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213 226 028-749

340358

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenay</u> (b) City <u>Coeur D Alene</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenay</u> (c) City <u>Coeur D Alene</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Grace Mae Baldwin</u>		5. Date of Birth of Child (Month, day, year) <u>June 26, 1891</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Warren Wells Baldwin</u>		16. FULL MAIDEN NAME <u>Selina Viola Guire</u>	
11. Color or Race <u>Caucasian</u>	12. Age at time of THIS birth <u>44</u> yrs.	17. Color or Race <u>Caucasian</u>	18. Age at time of THIS birth <u>31</u> yrs.
13. Birthplace <u>Michigan</u> (City or town) (State or foreign country)		19. Birthplace <u>Denver, Colorado</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Deputy Sheriff</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Sheriff Office</u>		21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Utah ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Carbon

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 50 years, and that as army doctor, whose name is now deceased who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Affiant was Anna M. Dear personally present at time of birth. Price, Utah Signature P. O. Address

Subscribed and sworn to before me this 30 day of March, 19 42
(SEAL) Marion Gibson Notary Public, residing at Price, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My com. exp. 6-1-43)

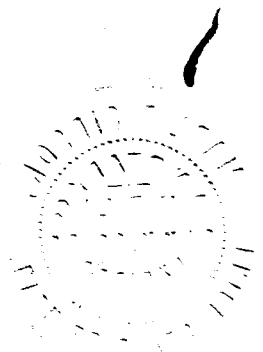
Received for filing on APR 10 1942 by Marion Gibson Registrar.

SEP 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

340396

614-123-028-793

1. PLACE OF BIRTH (All items at time of this birth) (a) County... <u>Kootenai</u> (b) City... <u>Rathdrum</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State... <u>Idaho</u> (b) County... <u>Kootenai</u> (c) City... <u>Rathdrum</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?..... <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Claude Waddell</u>		3. RESIDENCE OF FATHER (city, state) <u>Rathdrum, Idaho</u> 5. Date of Birth of Child (Month, day, year)..... <u>Jan 23, 1891</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? Yes
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>George C. Waddell</u>		16. FULL MAIDEN NAME <u>Martha Jane Gill</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>30</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>23</u> yrs.
13. Birthplace <u>Mountain View, Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Decaturville, Tenn.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Laborer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child..... <u>6</u> (b) Born alive and now living..... <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....**M.D. Midwife Address Date**
State of.....Idaho.....**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of.....Kootenai.....} ss.

I, the undersigned, being first duly sworn, say that I am the.....Aunt.....of the person whose name appears in Item 4, above, that I am now.....70.....years of age, that I have known this person for.....51.....years, and that.....Dr. Frank Wenz....., who attended this birth.....now deceased..... I further state that.....
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary T. Leeland.....Signature
Rathdrum, Idaho.....P. O. Address
Subscribed and sworn to before me this.....11th day of.....April....., 1942
(SEAL).....Notary Public, residing at.....Rathdrum, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

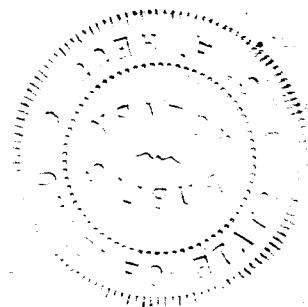
Received for filing on.....APR 13 1942.....by.....Mary T. Leeland....., Registrar.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



464105 022819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340410**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County FREMONT (b) City RIWAY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: PARENTS RESIDENCE
(e) Mother's stay BEFORE delivery:
IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City RIWAY
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 54 yrs.
3. **RESIDENCE OF FATHER** (city, state) RIWAY IDA.

4. **FULL NAME OF CHILD** RUFUS LEONARD DOMAN
5. Date of Birth of Child (Month, day, year) 5th of DEC. 1941
6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? YES

- FATHER OF CHILD**
10. **FULL NAME** CHARLIE DOMAN
11. Color or Race WHITE 12. Age at time of THIS birth 33 yrs.
13. Birthplace ENGLAND
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** ANNIE MARIA HARRIS
17. Color or Race WHITE 18. Age at time of THIS birth yrs.
19. Birthplace CRADLEY HEATH HAMPSHIRE ENGLAND
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business FARMING

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child SIX (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's, OWN signature M.D. Midwife Address Date
- State of Idaho County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 50 years, and that unknown, who attended this birth cannot be located further state that (Is now deceased) or (Cannot be located)
- the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 4th day of April, 1942
- (SEAL) Ruby Groom Notary Public, residing at High Idaho
- (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

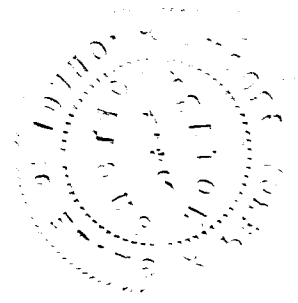
Received for filing on APR 11 1942 by Marjorie E. Groom, Registrar.

APR 15 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363-202003 433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340463**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Soda Springs</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>8</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Soda Springs</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>8</u> yrs.	
4. FULL NAME OF CHILD <u>Margaret Bell Tolmie</u>		3. RESIDENCE OF FATHER (city, state) <u>Soda Springs</u>	
6. Sex <u>Female</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 2, 1891</u>	
7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>	
10. FULL NAME <u>Donald Tolmie</u>		9. Legitimate? <u>yes</u>	
11. Color or Race <u>white</u>		16. FULL MAIDEN NAME <u>Annabelle McLeod</u>	
12. Age at time of THIS birth <u>46</u> yrs.		17. Color or Race <u>white</u>	
13. Birthplace <u>Maryborough, Sheshire, Scotland</u> (City or town) (State or foreign country)		18. Age at time of THIS birth <u>33</u> yrs.	
14. Exact Occupation <u>Stockman</u>		19. Birthplace <u>Munlocky, Roshire, Scotland</u> (City or town) (State or foreign country)	
15. Industry or Business <u>Cattle</u>		20. Exact Occupation <u>Housewife</u>	
		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } ss.
County of Bannock

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 31 years, and that who attended this birth I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10 day of April, 1942.
(SEAL) Annabelle Tolmie Signature
Blackfoot, Idaho P. O. Address
Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on APR 10 1942 by Marj E. Fisher, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-216-028-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340534

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootnai (b) City Rathdrum
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnai
(c) City Rathdrum
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 17 yrs.

4. FULL NAME OF CHILD Ida Marshall

3. RESIDENCE OF FATHER (city, state) Rathdrum, Ida.
5. Date of Birth of Child
(Month, day, year) Mar. 16, 1891

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME William Joseph Marshall
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace St. Joseph Mo.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

16. FULL MAIDEN NAME Frances Estelle Nittan
17. Color White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Penn.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington ss.
County of Skagit

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for Since Mar. 16, 1891 years, and that Midwife Violet Mulkins is now deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Dawson Signature
402 Moore St., Sedro Woolley, Wn. P. O. Address

Subscribed and sworn to before me this 8th day of April, 19 42
(SEAL) Notary Public, residing at Anacortes, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 13 1942 by Marl E. Eason Registrar.

APR 16 1942

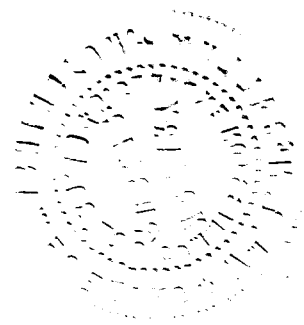
MAR 9 1956

JUL 2 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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316-118 040-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340574**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
Family home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years 10 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? Six yrs.

3. RESIDENCE OF FATHER (city, state) Kellogg, Idaho

4. FULL NAME OF CHILD

Albert Benjamin Lafferty

5. Date of Birth of Child

(Month, day, year) May 18, 1891

6. Sex Male

7. Twin or

Triplet No

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy Regular **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL

NAME Benjamin Sylvester Lafferty

11. Color White 12. Age at time
or Race White of THIS birth 34 yrs.
13. Birthplace Shamestown, Illinois
(City or town) (State or foreign country)

14. Exact
Occupation Farmer
15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN

NAME Minnie Marie Schwegmann

17. Color White 18. Age at time
or Race White of THIS birth 21 yrs.
19. Birthplace Venne, Germany
(City or town) (State or foreign country)

20. Exact
Occupation Housewife
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living Six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Shoshone

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4 above, that I am now 72 years of age, that I have known this person for all years, and that
(First name) Dr. Davis (Last name) who attended this birth deceased I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs. Minnie Lafferty Signature
115 Park Avenue, Kellogg, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of April, 1942

(SEAL)

Notary Public Notary Public, residing at Kellogg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 14 1942 by Mabel E. Egan Registrar.

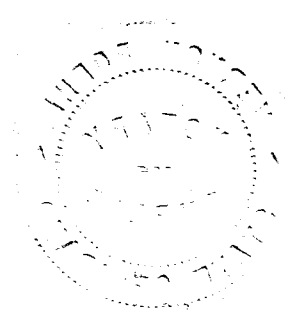
APR 17 1942

APR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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666113040-593

340726

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County SHOSHONE (b) City WALLACE
(c) Street Address or R.F.D. No. UNKNOWN
(d) Name of Hospital or Maternity Home:
Was born at home
(e) Mother's stay **BEFORE** delivery: Believe 3 years.
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County SHOSHONE
(c) City WALLACE
(d) Street Address or R.F.D. No. UNKNOWN
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) WALLACE, IDA.

4. **FULL NAME OF CHILD** REUBEN FILLMORE WOOD

5. Date of Birth of Child
(Month, day, year) SEPT. 13, 1891.

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES ADDI WOOD
11. Color WHITE 12. Age at time of THIS birth 42 yrs.
13. Birthplace STANSTEAD, QUEBEC, CANADA
(City or town) (State or foreign country)
14. Exact Occupation OWNER
15. Industry or Business RESTAURANT & BAKERY

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZA ALICE NICKERSON
17. Color WHITE 18. Age at time of THIS birth 31 yrs.
19. Birthplace SHERBROOKE, NOVA SCOTIA, CANADA
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Midwife Address..... Date.....

State of IDAHO County of SHOSHONE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FIRST COUSIN of the person whose name appears in Item 4 above, that I am now 67 years of age, that I have known this person for 50 years, and that Doctor who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this MAR 26 1942 day of MARCH 1942
(SEAL) Notary Public, residing at Wallace, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Marj G. Hedrick, Registrar.

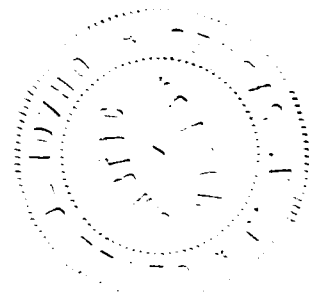
APR 17 1942

OCT 24 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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435708026-392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340732

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby-2,
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho: 1 yrs
3. **RESIDENCE OF FATHER** (city, state) Rigby2, Idaho

4. **FULL NAME OF CHILD** Robert Corlett McNeil
5. Date of Birth of Child (Month, day, year) Jan 8-1891
6. Sex male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 1 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Robert Corlett McNeil
11. Color white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Bountiful, Utah.
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** N Dora Bell Lister
17. Color white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Terra Haute, Indiana.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 9.00 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by myself, who is related to this child as not related. (First name) (Last name)

25. Attendant's OWN signature A Helen Purvis M.D. Address Rigby, Idaho Date Apr 15-42
Midwife

State of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of..... }

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

..... Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel Lee, Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

152125035 292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340758**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Nez Perce** (b) City **Forest**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years **3** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Nez Perce**
(c) City **Forest**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **51** yrs.
3. RESIDENCE OF FATHER (city, state) **same then**

4. FULL NAME OF CHILD **Clifford William Ankney**

5. Date of Birth of Child
(Month, day, year) **Dec. 25, 1891**

6. Sex **Male** 7. Twin or Triplet **neother** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **William Henry Ankney**
11. Color **white** **12. Age at time of THIS birth** **36** yrs.
13. Birthplace **Wisconsin**
(City or town) (State or foreign country)
14. Exact Occupation **farmer**
15. Industry or Business **farming**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Julia Alice Sisson**
17. Color **white** **18. Age at time of THIS birth** **27** yrs.
19. Birthplace **Cedar Falls, Wisconsin**
(City or town) (State or foreign country)
20. Exact Occupation **housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D. Midwife Address Date**

State of **Idaho** County of **Nez Perce** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **80** years of age, that I have known this person for **life** years, and that **Mrs. Elisabeth Baygty**, who attended this birth **is now deceased**. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Julia Ankney Signature
Sweetwater, Idaho P. O. Address

Subscribed and sworn to before me this **15th** day of **April**, 19 **42**
(SEAL) **Russell W. ...** Notary Public, residing at **Lapwai, Idaho**.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **APR 16 1942** by **M. J. ...** Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States **APR 20 1942** (Be sure the information is as of date of birth of THIS child)
 Department of Commerce
 Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
 Local Reg. No.....
 Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Bear Lake** (b) City **Bloomington**
 (c) Street Address or R.F.D. No.....
 (d) Name of Hospital or Maternity Home:
At home
 (e) Mother's stay BEFORE delivery:
 IN THIS county **31** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Bear Lake**
 (c) City **Bloomington**
 (d) Street Address or R.F.D. No.....
 (e) How long has MOTHER lived in Idaho? **57** yrs.

3. RESIDENCE OF FATHER (city, state) **Saly Lake,**

4. FULL NAME OF CHILD **James Beirdneaux Hart**

5. Date of Birth of Child
 (Month, day, year) **8/3/1891**

6. Sex **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9 Mo.** 9. Legitimate **Yes**

FATHER OF CHILD

10. FULL NAME **James Ellingham Hart**
 11. Color **White** 12. Age at time of THIS birth **35** yrs.
 13. Birthplace **St. Louis, Missouri**
 (City or town) (State or foreign country)
 14. Exact Occupation **Attorney at law**
 15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Margaret Elmina Hart**
 17. Color **White** 18. Age at time of THIS birth **31** yrs.
 19. Birthplace **Logan, Utah**
 (City or town) (State or foreign country)
 20. Exact Occupation **Housewife**
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is
 related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Idaho** ss.
 County of **Canyon**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Sister** of the person whose name appears in Item 4 above, that I am now **59** years of age, that I have known this person for **50** years, and that **Mrs. Greenhaugh** who attended this birth **Now deceased** I further state that (is now deceased) or (cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Subscribed and sworn to before me this **16th** day of **April**, 19**42**
 (SEAL) **Refused Moore** Notary Public, residing at **Naughton Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **APR 20 1942** by **Mary E. Eder** Registrar.

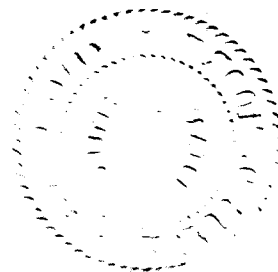
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819 218 002 465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340978
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Council
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

4. **FULL NAME OF CHILD** Elaine May Harrington

6. Sex Female 7. Twin or Triplet If so, born 1st, 2nd, 3rd

FATHER OF CHILD
10. **FULL NAME** Robert Gadlock Harrington
11. Color white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Manassas Kansas
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Council
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 5.0 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kansas

5. Date of Birth of Child (Month, day, year) Nov 18 1891

8. No. months of Pregnancy 7 9. Legitimate? yes

MOTHER OF CHILD
16. **FULL MAIDEN-NAME** Lillie Montgomery
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Malheur Co Oregon
(City or town) (State or foreign country)
20. Exact Occupation farmer's wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Lillie Harrington of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 5.0 years, and that my mother who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillie Harrington Signature
Council, Idaho P. O. Address
Subscribed and sworn to before me this 3 day of April, 1942
(SEAL) Michael Moore Clark, District Clerk Notary Public, residing at Council, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Marjorie Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Hailey</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>four</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Hailey</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>four</u> yrs.	
4. FULL NAME OF CHILD <u>Christiane Anna Boggs</u>		3. RESIDENCE OF FATHER (city, state) <u>Hailey Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Oct. 25, 1891</u>	
6. Sex <u>Female</u>		7. Twin or Triplet <u>Triple</u> If so, born 1st, 2nd, 3rd 8. No. months of Pregnancy <u>9 months</u> Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>John Angus Boggs</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>21</u> yrs. 13. Birthplace <u>Winnipeg, Canada</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Carpenter</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Elizabeth Walker</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>London, Wisconsin</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** **M.D.** **Address** **Date**

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Blaine

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for life years, and that Dr. Higgins who attended this birth..... I further state that
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20th day of April, 1942
 (SEAL) Myron J. McNeel Notary Public, residing at Boise
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Naval Elder Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-120-022-299
APR 22 1942

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341010

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery;
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Ida (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 7 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Aug 20 1891

4. FULL NAME OF CHILD Robert J. Thomson

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John R. Thomson
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace El Paso, New Scotland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maryann Bird
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Menden Utah
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 51 years, and that

Mary B. Sorenson, who attended this birth deceased, I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Anderson Signature
P. O. Address

Subscribed and sworn to before me this 21st day of April, 1942
(SEAL) Mary B. Sorenson Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

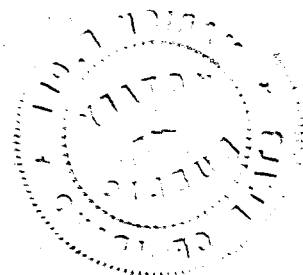
Received for filing on APR 22 1942 by Mary E. Eder, Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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865-210-086-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **341121**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bingham
(c) City Sterling
(d) Street Address or R.F.D. No. RFD
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD

Edith Lillian Yonk

5. Date of Birth of Child

(Month, day, year) 12/10/91

6. Sex Female

7. Twin or

Triplet

Twin

If so—born

1st, 2nd, 3rd

1st

8. No. months

of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL

NAME William Frederick Yonk

11. Color

white

12. Age at time

of THIS birth 39 yrs.

13. Birthplace

Denmark

Denmark

(City or town)

(State or foreign country)

14. Exact

Occupation

Farmer

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN

NAME Rebecca Johnson

17. Color

white

18. Age at time

of THIS birth 33 yrs.

19. Birthplace

Logan

Utah

(City or town)

(State or foreign country)

20. Exact

Occupation

housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Utah ss.
County of Cache

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4 above, that I am now 73 years of age, that I have known this person for 40 years, and that

(First name) Rebecca (Last name) Johnson, who attended this birth documented I further state that
(Is now deceased) or deceased

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Rebecca Johnson Yonk Signature

275 No 1st West Logan Utah P. O. Address

Subscribed and sworn to before me this 13 day of April, 1942

(SEAL) Notary Public, residing at Logan, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

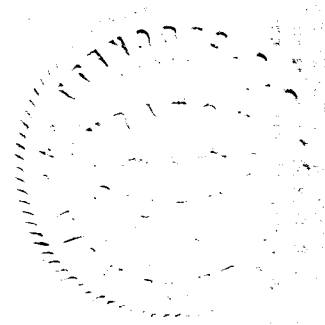
Received for filing on APR 20 1942 by M. J. ... Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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238-228025 493

341142

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. <u>- - -</u> (d) Name of Hospital or Maternity Home: <u>Family Home</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county 2 years -- months 6 days</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No. <u>- - -</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Barbara Elizabeth Schleier</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 28, 1891</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>Nine</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>George Adam Schleier</u>		16. FULL MAIDEN NAME <u>Mary Margaret Dittmar</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>36</u> yrs.		18. Age at time of THIS birth <u>30</u> yrs.	
13. Birthplace <u>Frankenmuth, Michigan</u> (City or town) (State or foreign country)		19. Birthplace <u>Saginaw, Michigan</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Warm Sweet Milk</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 50 years, and that Wilhelmina Knorr....., who attended this birth.....is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary M. Schleier.....Signature
Opportunity, Washington.....P. O. Address

Subscribed and sworn to before me this 17th day of April, 19 42.

(SEAL)

Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mary M. Schleier, Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



695-118 013 155

341143

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Camas (b) City Fairfield
(c) Street Address or R.F.D. No. No Street Address
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Camas
(c) City Fairfield
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.

4. FULL NAME OF CHILD EUGENE FINCH
7. Twin or Single **If so—born** 1st, 2nd, 3rd
6. Sex Male

3. RESIDENCE OF FATHER (city, state) Fairfield Ida
5. Date of Birth of Child (Month, day, year) Apr 18 1891
8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD
10. FULL NAME JOHN FINCH
11. Color or Race White **12. Age at time of THIS birth** yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Hote lkeeper
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME ELLEN HARDY JENKINS
17. Color or Race White **18. Age at time of THIS birth** yrs.
19. Birthplace Scotland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Idaho **M.D.** Midwife **Address** Camas **Date**
State of County of ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the neighbor of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for many years, and that the person is now deceased, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Johnson Signature
Subscribed and sworn to before me this April day of 1944 P. O. Address Fairfield Ida
(SEAL) Don B. Bessie Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mary E. Keefe Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

341354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Sammy May Nesbit
5. Date of Birth of Child (Month, day, year) May 2 1891
6. Sex Female 7. Twin or Triplet 1st, 2nd, 3rd If so—born 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Samuel Alexander Nesbit
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Kirkville Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ara Ann Moots
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Kirkville Mo. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 50 years, and that Miss Iva Joseph who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George William Nesbit Signature
1621 74 E. Jackson Portland Ore Address
Subscribed and sworn to before me this 18 day of April 1942
(SEAL) J. P. Van Meter Notary Public, residing at 622 1/2 NE Union St.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 27-912, Idaho Code Annotated, 1942) Portland Ore

Received for filing on APR 21 1942 by Shirley Registrar.
MY COMMISSION EXPIRES JULY 7, 1943

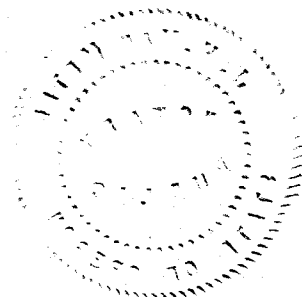
APR 24 1958

OCT 31 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

275409-035-499

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **342508**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Nez Perce** (b) City **Lewiston**
(c) Street Address or R.F.D. No. **None**
(d) Name of Hospital or Maternity Home: **None**
(e) Mother's stay BEFORE delivery:
IN THIS county **2** years **0** months **0** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Nez Perce**
(c) City **Lewiston**
(d) Street Address or R.F.D. No. **110**
(e) How long has MOTHER lived in Idaho? **2** yrs.

4. FULL NAME OF CHILD

Louis Spero

5. Date of Birth of Child
(Month, day, year) **Mar. 9, 1891**

6. Sex

Male

7. Twin or Triplet **No**

If so—born 1st, 2nd, 3rd **No**

8. No. months of Pregnancy **9**

9. Legitimate? **yes**

10. FULL NAME

Pasco Spero

11. Color or Race

white

12. Age at time of THIS birth **24** yrs.

13. Birthplace

Italy

(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

11

MOTHER OF CHILD

16. FULL MAIDEN NAME

Christina Miranda

17. Color or Race

white

18. Age at time of THIS birth **25** yrs.

19. Birthplace

Italy

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

11

22. Name prophylactic used to prevent Ophthalmia Neonatorum **No**

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of **Idaho**
County of **Nez Perce** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **76** years of age, that I have known this person for **51** years, and that

Unknown, who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 153, 1937 Session Laws.

Christina Spero Signature

Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this **21** day of **April**, 19**42**
(SEAL) **Paul Phillips** Notary Public, residing at **Lewiston, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

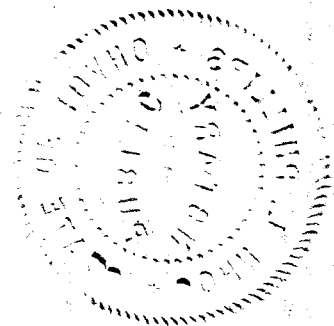
Received for filing on **APR 21 1942** by **Paul Phillips** Registrar.

Louis Spens
24 1924 313 E Baldwin Ave
Spokane, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



623-127229-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **342630**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD

Herman Edwin Osterberg

5. Date of Birth of Child

(Month, day, year) Apr. 27, 1891

6. Sex

male

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Fredrick Osterberg

11. Color

white

12. Age at time

54 yrs.

13. Birthplace

West Götland Sweden

(City or town)

(State or foreign country)

14. Exact

Occupation

Farming

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Selma Johnson

17. Color

white

18. Age at time

of THIS birth yrs.

19. Birthplace

West Götland Sweden

(City or town)

(State or foreign country)

20. Exact

Occupation

House wife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum N.A.N.A.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9 noon A.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Alma Osterberg, who is related to this child as Aunt. (First name) (Last name)

25. Attendant's

OWN signature

Alma Osterberg

M.D.

Midwife

Address

Date

State of ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 50 years, and that

Anna Marie Lero, who attended this birth deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herman E. Edwin Osterberg Signature
P. O. Address

Subscribed and sworn to before me this 29 day of April, 1942

(SEAL)

Henry S. Hansen Notary Public, residing at Hensed, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

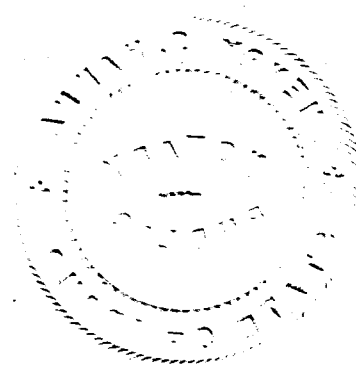
Received for filing on APR 23 1942 by John E. Lero Registrar.

APR 29 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

238-208-029-652

342767

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Grasslee</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Grasslee</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>3 mo.</u> yrs.	
4. FULL NAME OF CHILD <u>Georgiana Helen Scharbach</u>		5. Date of Birth of Child <u>Dec. 8, 1891</u> (Month, day, year)	
6. Sex <u>Female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Joseph Scharbach</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Hamontown, West</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Gasoline Fessler</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>Minnesota</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>10</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date
State of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of Columbia } in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
in Item 4, above, that I am now 32 years of age, that I have known this person for 51 years, and that
Clara Mansfield who attended this birth now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Joseph Scharbach Signature
P. O. Address

Subscribed and sworn to before me this 38 day of March, 1942
(SEAL) O. H. Aquilino Notary Public, residing at Clarkston, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

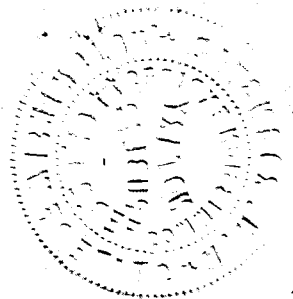
Received for filing on APR 21 1942 by M. E. Fessler Registrar.

APR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



USK-227-203-168

342842

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Parlatto
(c) Street Address or R.F.D. No. N. Garfield Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery
IN THIS county 2 years 10 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Parlatto
(d) Street Address or R.F.D. No. N. Garfield Ave.
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Parlatto, Ida.

4. **FULL NAME OF CHILD** Mary Berneth
5. Girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John Vernon Berneth
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Carlsbad, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Agent
15. Industry or Business Wells Fargo Express Co

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Agnes Virginia Johnson
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None Known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Oregon County of Linn ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 50 years, and that Robert who attended this birth 10 years I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Virginia Johnson Signature
1005-1009 9th Ave P. O. Address
Subscribed and sworn to before me this 24th day of April, 1942
(SEAL) Agnes E. Martin Notary Public, residing at Linn, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires May 27, 1945

Received for filing on APR 27 1942 by Registrar

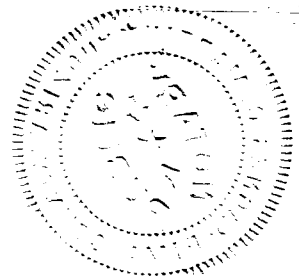
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993-228-028-695

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **342849**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Kootenai (b) City Redmond
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 2 1/2 yrs.
(f) Mother's mailing address Redmond

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Lucy Ann Richard

6. Sex female **7. Twin or Triplet** _____ **8. No. months of Pregnancy** _____ **9. Legitimate?** _____

FATHER OF CHILD

10. FULL NAME Jonathan Richard

11. Color or Race white **12. Age at time of THIS birth** 38 yrs.

13. Birthplace Robinson Illinois
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business _____

5. Date of Birth April 29 (Month, day year) 1891

8. No. months of Pregnancy _____ **9. Legitimate?** _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Elizabeth Frederick

17. Color or Race White **18. Age at time of THIS birth** 27 yrs.

19. Birthplace Peoria Ill.
(City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 5 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 28 1942 (Date received) **(b)** _____ (Mother, etc.)
(Registrar's signature)

27. Given name added on _____ **by** _____ (Registrar's signature)

25. Attendant's OWN signature Ida Elizabeth Richard **M.D.**
(D.O., Midwife, etc.)

and address _____ **Date** _____

State of Washington } ss.
County of Spokane

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Ida Elizabeth Richard, being first duly sworn, say that I am related to Lucy Ann Richard as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ida Elizabeth Richard (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

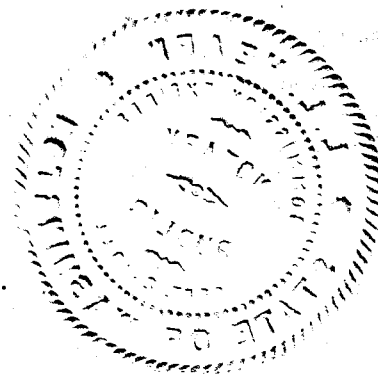
Subscribed and sworn to before me on this 27th day of March 1942
(SEAL) _____, residing at Spokane

APR 28 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

623-124029-168

342912

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City TROY
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 5 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy,
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Ida

4. **FULL NAME OF CHILD.** LAMBERT WALFRED OSTERBERG

5. Date of Birth of Child (Month, day, year) AUG. 24, 1891

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>CHARLES WILLIAM OSTERBERG</u>	16. FULL MAIDEN NAME <u>ALMA JOHNSON</u>	11. Color <u>WHITE</u>	17. Color <u>WHITE</u>
12. Age at time of THIS birth <u>28</u> yrs.	18. Age at time of THIS birth <u>30</u> yrs.	13. Birthplace <u>SWEDEN</u> (City or town) (State or foreign country)	19. Birthplace <u>SWEDEN</u> (City or town) (State or foreign country)
14. Exact Occupation <u>FARMER</u>	20. Exact Occupation <u>SWEN HOUSEWIFE</u>	15. Industry or Business <u>SAME</u>	21. Industry or Business <u> </u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by my memory, who is related to this child as father (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Wm A Osterberg M.D. Wife Address Troy, Ida Date 4-25-42

State of IDAHO County of LATAH } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for all his life, and that I was the attendant, who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm A Osterberg Signature
Troy, Ida P. O. Address
Subscribed and sworn to before me this 25th day of April, 19 42
(SEAL) Wm A Osterberg Notary Public, residing at Troy, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Marj 26 Lifer Registrar.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **342942**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake
(c) City Montpelier

(d) Street Address or R.F.D. No. R.F.D.

(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Same

5. Date of Birth of Child

(Month, day, year) Dec 11 1891

4. FULL NAME OF CHILD

Archie Lee Foreman

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harvey Foreman

11. Color White 12. Age at time
or Race of THIS birth 35 yrs.

13. Birthplace Arkansas
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary L Hale

17. Color White 18. Age at time
or Race of THIS birth 30 yrs.

19. Birthplace Flynsslick Tenn.
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Oregon }
County of Baker } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)

in Item 4, above, that I am now 80 years of age, that I have known this person for 80 years, and that

A midwife by name of Gibson, who attended this birth, and is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mary L Foreman Signature
Halfway, Oregon. P. O. Address

Subscribed and sworn to before me this 22nd day of April, 19 42

(SEAL)

Notary Public, residing at Halfway, Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com Expires 1/9/44

Received for filing on

APR 25 1942

by

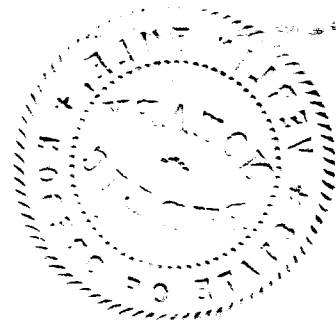
Registrar.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-119-044-958

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **343063**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD

Robert Leroy Harmon

5. Date of Birth of Child

(Month, day, year) Jan. 19, 1942

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse Lindsey Harmon
11. Color white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Dubois County, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Harness and Saddle work
15. Industry or Business Harness and Saddle business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Marie Reynolds
17. Color white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Mirabile, Mo.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at A. M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Anna Marie Harmon, who is related to this child as mother.
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California County of Riverside ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 51 years, and that Dr. Isham, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Marie Harmon Signature
Coachella, California P. O. Address

Subscribed and sworn to before me this 22nd day of April, 1942.

(SEAL) M. W. L. L. L. Notary Public, residing at Thermal, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

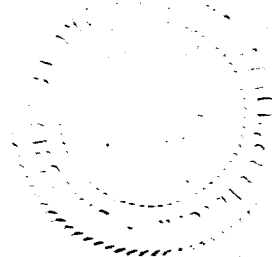
Received for filing on APR 27 1942 by M. W. L. L. L. Registrar.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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389-220-028-268

343088

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Hope</u> (c) Street Address or R.F.D. No. <u>Residence</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Hope</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Winnie Adele Childs</u>		3. RESIDENCE OF FATHER (city, state) <u>Hope, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Nov. 20, 1891</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>✓</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>			
FATHER OF CHILD 10. FULL NAME <u>Julius Augustas Childs</u> 11. Color or Race <u>White</u> 17. Age at time of THIS birth <u>22</u> yrs. 13. Birthplace <u>St. Joseph, Michigan</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Mill worker</u> 15. Industry or Business <u>Shingle Mill</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Effie Alberta Boyd</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>18</u> yrs. 19. Birthplace <u>Battle Creek, Mich.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House-wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>✓</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**
State of Washington **ss.** **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Skaft
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 6.8 years of age, that I have known this person for 5.0 years, and that Mrs. Manning (Midwife), who attended this birth X I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
Effie Boyd Childs Signature
P. O. Address
Subscribed and sworn to before me this 24th day of April, 1942
(SEAL) Alma Doran Notary Public, residing at Burlington
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

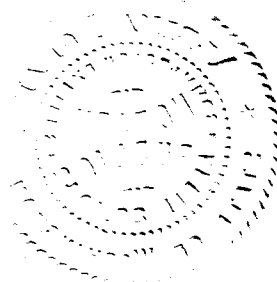
Received for filing on APR 27 1942 by Mabel J. Nelson Registrar.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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553 204036-691

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343144

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Mink Creek</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>at Parents' home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>6</u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Mink Creek</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>29</u> yrs.	
4. FULL NAME OF CHILD <u>Carrie C. Nelson</u>		3. RESIDENCE OF FATHER (city, state) <u>Same</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd <u> </u>		5. Date of Birth of Child (Month, day, year) <u>Mar. 4, 1891</u>	
8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>			
FATHER OF CHILD 10. FULL NAME <u>Jens P. Nelson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>Northvade</u> <u>Denmark</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u> </u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Carrie Frandsen</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>Tyvelse</u> <u>Denmark</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u> </u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>10</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Box Elder **M.D.** **Address** **Date**
State of Utah County of Box Elder } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 51 years, and that Martha Hansen, who attended this birth is deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jens P. Nelson Signature
450 S. Main St., Brigham, Utah P. O. Address
Subscribed and sworn to before me this 24th day of April, 1942.
(SEAL) S. H. H. H. Notary Public, residing at Brigham, Utah.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Registrar.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613117029 662

343149

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Viola, Idaho</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>6</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Viola</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>6</u> yrs. yrs. 3. RESIDENCE OF FATHER (city, state) Date of Birth of Child <u>Viola, Idaho</u> (Month, day, year) <u>May 17, 1891</u>	
4. FULL NAME OF CHILD <u>Clarence William Wallace</u> 7. Twin or Triplet <u>single</u> If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy <u>9 mos</u> 9. Legitimate? <u>Yes</u>		5. FULL MAIDEN NAME <u>Mary Luella Foster</u> 16. FULL MAIDEN NAME <u>Mary Luella Foster</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>State of Indiana</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife on farm</u>	
6. Sex <u>male</u> 10. FULL NAME <u>Charles A. Wallace</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>25</u> yrs. 13. Birthplace <u>State of Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business <u>Farming</u>		16. FULL MAIDEN NAME <u>Mary Luella Foster</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>State of Indiana</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife on farm</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, still born)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.)
25. Attendant's OWN signature Mrs. Messinger M.D. Mrs. Messinger now deceased
Midwife Address Date

State of Oregon ss. Benton AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for over fifty years, and that Mrs. Messinger is now deceased, who attended this birth. I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Luella Wallace Signature
P.O. 3 Junction City, Oregon P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC IN AND FOR THE STATE OF OREGON
J. H. Carpenter, Notary Public, residing at Monroe, Oregon

Received for filing on APR 29 1942 by Mabel E. Fisher, Registrar.

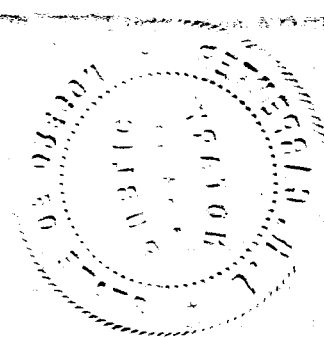
APR 30 1942

MAY 14 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433128037 791

343164

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City De Lamar
(c) Street Address or R.F.D. No. Mining Camp
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 340 E. Jefferson St.
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Even William McCormick

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Aug. 28, 1891
8. No. months Full of Pregnancy Time 9. Legitimate? Course

FATHER OF CHILD

10. FULL NAME George William McCormick
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Wapello, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Gray
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Brackenzie, Scotland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10:00 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Annie Gray McCormick, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Annie Gray McCormick M.D. Address 1800 E. Burnside Date 4-25-42
State of Oregon ss.
County of Murthoman

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 50 years, and that J. D. Plummer (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Gray McCormick Signature
1800 E. Burnside St., Portland, Oregon Address

Subscribed and sworn to before me this 25th day of April, 1942.
(SEAL) Notary Public, residing at Portland, Oreg.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

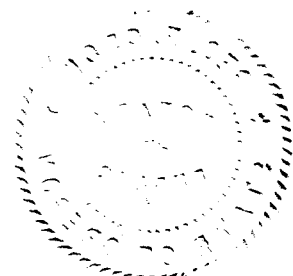
Received for filing on APR 29 1942 by Mary J. Bell Registrar.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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383 206001 453

343177

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay BEFORE delivery:
IN THIS county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 11 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Ada County, Idaho

4. FULL NAME OF CHILD Lorlie Olive Tyler

5. Date of Birth of Child
(Month, day, year) Feb. 6, 1891

6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oliver Sheridan Tyler
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace San Jose, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Detrick
17. Color white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Leam, Decatur County, Iowa
(City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4; above, that I am now 78 years of age, that I have known this person for 51 years, and that....., who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Clara Detrick Tyler Signature
5810 South L Street, Tacoma, Wn. P. O. Address

Subscribed and sworn to before me this 27th day of April, 19 42.

(SEAL) Burton D. Fletcher Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

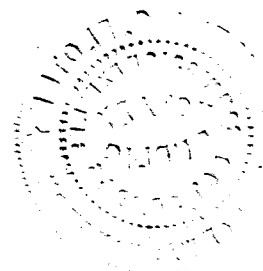
Received for filing on APR 29 1942 by Mary E. Ebeling, Registrar.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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855 107 036 855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343301

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Glendale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Glendale
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Glendale Idaho

4. **FULL NAME OF CHILD** ELMO Hendrickson

6. Sex MALE 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

FATHER OF CHILD
10. **FULL NAME** George Washington Hendrickson
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Pollackville Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

5. Date of Birth of Child (Month, day, year) Jan 7th 1991
8. No. months of Pregnancy 9 9. Legitimate? X
MOTHER OF CHILD
16. **FULL NAME** Elizabeth Owen Hendrickson
17. Color white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Glendale Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child. 8 (b) Born alive and now living. 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** M.D. Midwife Address Date
State of Oregon County of Jefferson } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 31 years, and that Mrs. Susan, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. Hugh Hendrickson Signature
P. O. Address

Subscribed and sworn to before me this 29th day of April, 19 42
(SEAL) of E. J. O'Neil Notary Public, residing at La Grande, Or.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, by Ord. No. 9-18, 43.

Received for filing on APR 30 1942 by Mary E. Evers Registrar.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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343432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Teton</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Family Home</u> (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Teton</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>Guy Andersson</u>		3. RESIDENCE OF FATHER (city, state) <u>Teton Ida.</u>	
6. Sex <u>Male</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 5 1891</u>	
7. Twin or Triplet <u>Single</u>		8. No. months of Pregnancy <u>9</u>	
10. FULL NAME <u>Nels Peter Andersson</u>		9. Legitimate? <u>Yes</u>	
11. Color or Race <u>White</u>		MOTHER OF CHILD	
12. Age at time of THIS birth <u>38</u> yrs.		16. FULL MAIDEN NAME <u>Ellen Buerge McKinlay</u>	
13. Birthplace <u>Brigham City Utah</u> (City or town) (State or foreign country)		17. Color or Race <u>White</u>	
14. Exact Occupation <u>Farmer</u>		18. Age at time of THIS birth <u>28</u> yrs.	
15. Industry or Business		19. Birthplace <u>Kitty Booth Co. Scotland</u> (City or town) (State or foreign country)	
20. Exact Occupation <u>House wife</u>		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Midwife** _____ **Address** _____ **Date** _____

State of Idaho County of Madison } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 51 years, and that Mary Sorense, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Andersson Signature
Teton Ida. P. O. Address

Subscribed and sworn to before me this 13 day of April, 1992
(SEAL) John Notary Public, residing at Kenney Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Marl 74 Registrar.

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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345 721 022 693

343443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Parker, Ida.

4. FULL NAME OF CHILD Melvin Louis Lund

5. Date of Birth of Child
(Month, day, year) 6/21/91

6. Sex Male **7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd **8. No. months** 9 **9. Legitimate?** Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Carl Rudolph Lund</u>	16. FULL MAIDEN NAME <u>Emily Wilkinson</u>	11. Color <u>White</u>	17. Color <u>White</u>
12. Age at time of THIS birth <u>29</u> yrs.	18. Age at time of THIS birth <u>27</u> yrs.	13. Birthplace <u>Christiania, Norway</u> (City or town) (State or foreign country)	19. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>	15. Industry or Business <u>Farming</u>	21. Industry or Business <u></u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing used

23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature **M.D.** **Midwife** **Address** **Date**

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 50 years, and that Mrs. Winegar, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl Rudolph Lund Signature
2564 S. 8 East, Salt Lake City, U.P.O. Address

Subscribed and sworn to before me this 28th day of April, 1942.
(SEAL) 6 H. Ogden Notary Public, residing at Salt Lake City, U.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mabel Heald, Registrar.

EXY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **343476**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** JOHN DOUGLAS CHASE
5. Date of Birth of Child (Month, day, year) Mar. 2, 1891
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|--|---|
| 10. FULL NAME <u>Frank Chase</u> | 16. FULL MAIDEN NAME <u>Laura Bonebrake</u> | 11. Color <u>White</u> | 17. Color <u>White</u> |
| 12. Age at time of THIS birth <u>26</u> yrs. | 18. Age at time of THIS birth <u>19</u> yrs. | 13. Birthplace <u>Marion County, Oregon</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Marshfield, Oregon</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | 15. Industry or Business <u>Farm owner</u> | 21. Industry or Business <u>Home</u> |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... 2 (b) Born alive and now living..... 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4:00 a. m. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Laura Chase, who is related to this child as mother (First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 51 years, and that Mrs. Joe Cook (Midwife), who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Bonebrake Wallace Signature
129 S. Flower St. Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 28th day of April, 19 42
(SEAL) Marva Weede (Marva Weede), Notary Public, residing at Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by [Signature] Registrar.

MAY 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

866-230 025-257

343616

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years X months X days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. X
(e) How long has MOTHER lived in Idaho? deceased yrs.

3. RESIDENCE OF FATHER (city, state) Walla Walla, Wn.

4. FULL NAME OF CHILD

Edna Ethel Howard

5. Date of Birth of Child

(Month, day, year) Apr. 30, 1891

6. Sex Female 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Daniel / Cyrus Howard
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace X Texas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business X

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Seay
17. Color White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Benton Co. Arkansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X at X M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by X, who is related to this child as X (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature X M.D. Midwife Address X Date

State of Idaho County of Idaho ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 51 plus years, and that Hannah Seay (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X J H Seay Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of April, 19 42

(SEAL) H Rothwell Notary Public, residing at Grangeville,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mabel E. Eberhart Registrar.

MAY 23 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613 224 007-353

343648

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.

4. FULL NAME OF CHILD Leonie Elizabeth Waters

5. Date of Birth of Child
(Month, day, year) June 2nd 1891

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd none 8. No. months of Pregnancy — 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME George Luther Waters
11. Color White 12. Age at time of THIS birth 56 yrs.
13. Birthplace Cayuga New York
(City or town) (State or foreign country)
14. Exact Occupation lawyer
15. Industry or Business —

MOTHER OF CHILD
16. FULL MAIDEN NAME Lucie Eugenie Cellier
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Oakland Calif.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Life long friend of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 50 years, and that The doctor, who attended this birth is deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29th day of April, 1943
(SEAL) Esse P. Clouse Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires May 19, 1944

Received for filing on MAY 2 1942 by Marj B. Lifer Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769 103 006 618

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

343786

- 1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Soda Springs
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 16 years months days
- 2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Soda Springs
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 54 yrs.
- 3. RESIDENCE OF FATHER** (city, state)

- 4. FULL NAME OF CHILD** Rees Dubois Gorton
- 5. Date of Birth of Child** (Month, day, year) Jan 3, 1891
- 6. Sex** Male **7. Twin or** Triplet Twin **If so—born** 1st, 2nd, 3rd 2nd **8. No. months** 9 **9. Legitimate?** Yes

- FATHER OF CHILD**
- 10. FULL NAME** George W. Gorton
- 11. Color** White **12. Age at time** 44 yrs.
or Race White of THIS birth
- 13. Birthplace** Scranton, Penn.
(City or town) (State or foreign country)
- 14. Exact Occupation** Merchant
- 15. Industry or Business** General Merchandise
- MOTHER OF CHILD**
- 16. FULL MAIDEN NAME** Leah Maria Waylett
- 17. Color** White **18. Age at time** 35 yrs.
or Race White of THIS birth
- 19. Birthplace** Salt Lake City, Utah
(City or town) (State or foreign country)
- 20. Exact Occupation** House wife
- 21. Industry or Business**

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum**.....
- 23. Number of children of this mother:** (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

- 24. I HEREBY CERTIFY** That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

- 25. Attendant's**
OWN signature Idaho **M.D.** **Midwife** **Address** **Date**
State of.....
County of.....Caribou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the.....brother.....of the person whose name appears in Item 4, above, that I am now.....64.....years of age, that I have known this person for.....51.....years, and that
.....Dr Hoover....., who attended this birth.....is now deceased.....I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
- the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Henry E. Gorton Signature
Soda Springs, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of April, 1942
(SEAL) Notary Public, residing at Soda Springs
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Marl E. Fisher Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

165-206007-228
MAY 6 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343804
State File No. _____
Local Reg. No. 49
Reg. Dist. No. 410

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN THIS county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
3. **RESIDENCE OF FATHER** (city, state) Bellevue, Idaho

4. **FULL NAME OF CHILD** Edith Viola Jones
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) 2-16-1891

FATHER OF CHILD
10. **FULL NAME** James Miller Jones
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace St. James Missouri
(City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ida Rosetta Skyles
17. Color White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Rolla Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ida R. Jones, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____
Midwife _____ Address _____ Date _____
State of Idaho ss. _____
County of Blaine

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 51 years, and that Robert H. Wright, who attended this birth now deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ida R. Jones Signature
Ida R. Jones P.O. Address

Subscribed and sworn to before me this 5th day of May, 1942
(SEAL) S. W. Walen Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 4-30-1942 by Robert H. Wright Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344013**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 11 Jefferson
(e) How long has MOTHER lived in Idaho? 1 yrs.

4. FULL NAME OF CHILD Edith Maude Granger

5. Date of Birth of Child
(Month, day, year) May 14, 1941

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Warren Granger
11. Color White 12. Age at time of THIS birth yrs.
13. Birthplace Pennsylvania
(City or town) (State or foreign country)
14. Exact Occupation Wagon maker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Beth Terry
17. Color White 18. Age at time of THIS birth yrs.
19. Birthplace Pennsylvania
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 51 years, and that Edith Maude who attended this birth deceased I further state that (Is now deceased) or (Cannot be located)
The facts on this certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 133, 1937 Session Laws.

Subscribed and sworn to before me this 14 day of May, 1941.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

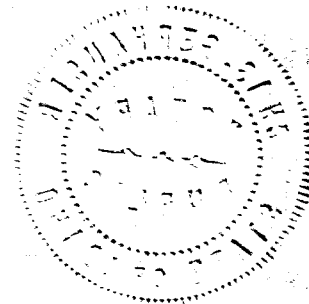
Received for filing on MAY 6 1942 by Maud E. Eilers Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344017**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County... Kootenai ^{now Bonner}
(b) City... Sagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: 7 years 9 months 28 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State... Idaho ^{now Bonner}
(b) County... Kootenai
(c) City... Sagle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 3/4 yrs.
3. RESIDENCE OF FATHER (city, state) Sagle, Idaho

4. FULL NAME OF CHILD Otto Craig

5. Date of Birth of Child
(Month, day, year) Feb. 27, 1891

6. Sex Male **7. Twin or Triplet** **If so—born 1st, 2nd, 3rd**

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Thomas P. Craig
11. Color or Race White **12. Age at time of THIS birth** 37 yrs.
13. Birthplace Linn County, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Nevada Osborn
17. Color or Race White **18. Age at time of THIS birth** 33 yrs.
19. Birthplace Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child... 6 (b) Born alive and now living... 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9:00 P. M. on the date Feb. 27, 1891
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Bertha Ann Ryan, who is related to this child as sister
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address Date**

State of IDAHO
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 51 years, and that Mary Summers, who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Ann Ryan Signature
Sagle, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942
(SEAL) Notary Public, residing at Sandpoint, Ida...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Mabel E. Keeler, Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619 223025-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344050**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at the home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
3. RESIDENCE OF FATHER (city, state) Cottonwood, Idaho

4. FULL NAME OF CHILD Georgia Caroline Farris
6. Sex Female **7. Twin or Triplet** one **8. If so—born 1st, 2nd, 3rd**

5. Date of Birth of Child (Month, day, year) Aug. 23, 1891
8. No. months of Pregnancy 9 months **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME William Hobbin Farris
11. Color or Race white **12. Age at time of THIS birth** 33 yrs.
13. Birthplace (City or town) Marion, Missouri (State or foreign country)
14. Exact Occupation Carpenter and farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Allie May Smith
17. Color or Race white **18. Age at time of THIS birth** 22 yrs.
19. Birthplace (City or town) Maple, Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature [Signature] **M.D.** **Midwife** **Address** **Date**
State of Idaho County of Blaine } ss. **AFFIDAVIT to be completed when the attendant does not sign in Item 25.**

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 50 years, and that Georgia Baldwin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Major T. Harris Signature
P. O. Address

Subscribed and sworn to before me this 30 day of April, 1942
(SEAL) Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.

Received for filing on MAY 6 1942 by Mary J. [Signature] Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-125 001993

344053

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise City
(c) Street Address or R.F.D. No. in land in the
(d) Name of Hospital or Maternity Home:
Depot on the Hill from town
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise City
(d) Street Address or R.F.D. No. Railroad Depot
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD

John Alexander McKemie 5. Date of Birth of Child
Feb 23-1891 (Month, day, year)

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John McKemie
11. Color white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Scotland
(City or town) (State or foreign country)
14. Exact Occupation Railroad Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Leah Island
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Fairfield Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive 3. A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Jennie Allen, who is related to this child as Grandmother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of California ss.
County of Inland

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71-1/2 years of age, that I have known this person for 5-1 years, and that Is deceased who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15th day of May

(SEAL)

Notary Public, residing at San Francisco California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942

by Mabel Fisher, Registrar.

MAY 9 1942

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-112044155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344144**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Perry Guy Roberts

5. Date of Birth of Child
(Month, day, year) Dec. 12, 1891

6. Sex male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter Eric Roberts
11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Marquett County, Michigan
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Margaret Jensen
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Omaha, Nebraska
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Marie Jensen M.D. Midwife Address deceased Date
State of Idaho County of Canyon } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for fifty years, and that Marie Jensen, who attended this birth deceased, I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie C. Hoffstatter Gunt Signature
Cassbridge, Idaho P. O. Address
Subscribed and sworn to before me this 7th day of May, 1942
(SEAL) R. L. Murphy Notary Public, residing at Caldwell, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

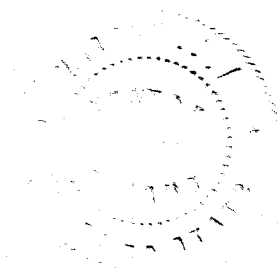
Received for filing on MAY 9 1942 by Registrar.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415 207 028 455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

344199
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

4. **FULL NAME OF CHILD** Winnie Pearl Manning

3. **RESIDENCE OF FATHER** (city, state) Post Falls,
5. Date of Birth of Child
(Month, day, year) Apr. 7, 1891

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Alfred Manning
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Old Town, Maine
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Mendenhall
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Stockton, Calif
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Whatcom

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 51 years, and that not known who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucie E. Johnson Signature
1506 Ellis St., Bellingham, Was P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942
(SEAL) A. E. Byrne Notary Public, residing at Bellingham.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Maud H. Fisher, Registrar.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

49 125016-439

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344320**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. 9th St
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Stanley Earl Martindale

6. Sex M

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

5. Date of Birth of Child (Month, day, year)

Apr 25 = 1891

10. FULL NAME

Alonso Pratt Martindale

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace

Idaho (City or town) (State or foreign country)

14. Exact Occupation Farmer, Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Mae Butash

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace

Idaho (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasat.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Cassia

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 20 years of age, that I have known this person for 51 years, and that (First name) (Last name), who attended this birth. (Is now dead) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires March

Subscribed and sworn to before me this 11 day of April

(SEAL)

Earl Martindale

Notary Public, residing at Cassia, Idaho

(Note: Perjury is punished as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

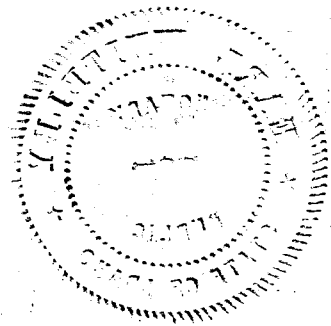
Received for filing on MAY 11 1942 by Mary E. Eder, Registrar.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

344323

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

4. **FULL NAME OF CHILD** Agnes Geneva Clark
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

3. **RESIDENCE OF FATHER** (city, state) same address
5. Date of Birth of Child (Month, day, year) 2-11-1891

FATHER OF CHILD
10. **FULL NAME** Henry Clark
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation fireman
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Eliza Catherine Geary
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Morgan County, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 300

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Missouri ss.
County of Jackson

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 51 years, and that Dr. Reynolds who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires July 7, 1944

Eliza Catherine Jennings Signature
4120 W. 51st., Terrace, Kansas City, Mo. P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942.
(SEAL) Douglas Johnson Notary Public, residing at Kansas City, Mo.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mabel H. G. G. G. Registrar.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249 209 001 281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344411**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1002 10th St
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 40 yrs.
3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Daisy Belle Smith
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) April 5 1891

FATHER OF CHILD
10. FULL NAME William Booker Smith
11. Color White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Independence Jackson Co Missouri
(City or town) (State or foreign country)
14. Exact Occupation Retired Druggist Dr
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Eva Elizabeth Shawver Smith
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace America City Nemaha Co Kansas
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.
County of Ventura

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person all her life years, and that Dr. Spaulding, who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

Subscribed and sworn to before me this 7th day of May 1942
(SEAL) Nelle E. Holt Notary Public, residing at Ventura Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Signature Mrs Eva Whitlock P. O. Address 176 E. Barnett

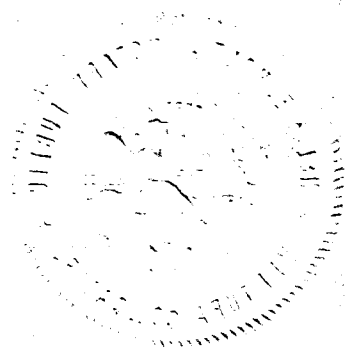
Received for filing on MAY 11 1942 by Mrs. J. E. [Signature], Registrar.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344480
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years 7 months 11 days 6

4. FULL NAME
OF CHILD

Henry Riggs

6. Sex

male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

10. FULL
NAME

Robert Riggs

11. Color
or Race

white

12. Age at time
of THIS birth

40 yrs.

13. Birthplace

(City or town)

(State or foreign country)

14. Exact
Occupation

farmer

15. Industry or
Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Idaho
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child October 27
(Month, day, year) 1891

16. FULL MAIDEN
NAME

MOTHER OF CHILD

Agnes Smith

17. Color
or Race

white

18. Age at time
of THIS birth

32 yrs.

19. Birthplace

(City or town)

(State or foreign country)

20. Exact
Occupation

house wife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

none

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Madison

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 50 years, and that May Foreman, who attended this birth is now deceased, I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 8th day of March 1942

(SEAL)

Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAY 12 1942

by

May Foreman

Registrar.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

957111-003-862

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344589**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **BANNOCK** (b) City **Pocatello**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **Home**
(e) Mother's stay BEFORE delivery:
IN THIS county **3** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Bannock**
(c) City **Pocatello**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **9** yrs.

4. FULL NAME OF CHILD

FRANK OSCAR Ingelstrom

5. Date of Birth of Child
(Month, day, year) **6/11/1891**

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME

LARS, John Ingelstrom

11. Color or Race

White

12. Age at time of THIS birth **34** yrs.

13. Birthplace

Ystad

(City or town) **Sweden** (State or foreign country)

14. Exact Occupation

Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

BANITA HOKANSON

17. Color or Race

White

18. Age at time of THIS birth **29** yrs.

19. Birthplace

Malma

(City or town) **Sweden** (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of **Idaho** County of **Bannock** ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Neighbor** of the person whose name appears in Item 4 above, that I am now **79** years of age, that I have known this person for **all his life** years, and that **Mr. Mullins** who attended this birth **is now deceased**. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **13** day of **May**, 19**42**

(SEAL)

James P. Peterson
Shelley Idaho
Notary Public

Signature P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAY 14 1942** by **Marcel H. Fisher** Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689 130 045-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

344743
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Alturas (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mo.
(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Alturas
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone Idaho

5. Date of Birth of Child
(Month, day, year) Oct 30-1891

4. FULL NAME OF CHILD Walter Emmett White

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph F. White
11. Color or Race American 12. Age at time of THIS birth yrs.
13. Birthplace Idaho
(City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Livestock & Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Keefe
17. Color or Race White 18. Age at time of THIS birth yrs.
19. Birthplace Canada
(City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Mrs M.D. Midwife Address Date

State of Idaho County of Alturas ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 51 years, and that Dr Kibbee who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth White Signature
Shoshone Idaho P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942.
(SEAL) Yvonne Schaefer Notary Public, residing at Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by Mary Keefe Registrar.

MAY 19 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

556.207.206-819

344940

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bingham (b) City.....
(c) Street Address or R.F.D. No. Rigby R1
(d) Name of Hospital or Maternity Home:.....

(e) Mother's stay BEFORE delivery: at home
IN THIS county 3 years 3 months days

4. FULL NAME OF CHILD Sarah Gracilda

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME John Henry Newman
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace P.O. Summit Co. Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bingham
(c) City.....
(d) Street Address or R.F.D. No. Rigby R1
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) 7 July 1891

8. No. months of Pregnancy 9. Legitimate?

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Harmon
17. Color white 18. Age at time of THIS birth 29 yrs.
19. Birthplace P.O. Summit Co. Utah
(City or town) (State or foreign country)
20. Exact Occupation House work
21. Industry or Business Nursing

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Josephine Newman who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature..... M.D. Midwife Address..... Date.....

State of Idaho County of Bonanza ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for.....years, and that.....
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....day of.....1942
(SEAL).....Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

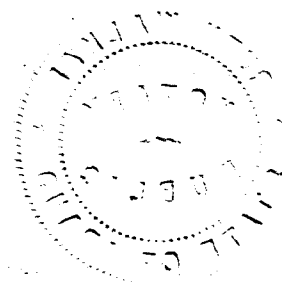
Received for filing on MAY 1-8 1942 by....., Registrar.

MAY 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344943
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. not known
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. not known
(e) How long has MOTHER lived in Idaho? 7 yrs.
3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Gretchen Zumhof

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd ✓

5. Date of Birth of Child (Month, day, year) Jan. 24, 1891

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Ferdinand Zumhof
11. Color white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Germany
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. FULL MAIDEN NAME Amy Collins
17. Color white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Texas County of El Paso ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for all her life years, and that Dr. Caruthers, who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Therese M. Coughlin Signature
El Paso P. O. Address

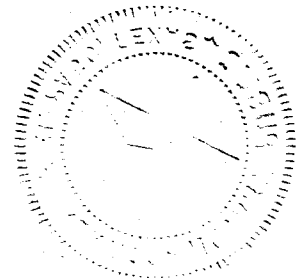
Subscribed and sworn to before me this 12th day of May 1942
MY COMMISSION EXPIRES JUNE 1, 1943
(SEAL) Edith DeFord Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) El Paso, Texas.

Received for filing on MAY 18 1942 by Mabel H. Coughlin Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

281-125-016-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

344956
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County CASSIA (b) City Oakley
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: 44 yrs.
IN THIS county 12 years 6 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City OAKLEY
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) OAKLEY IDAHO

4. **FULL NAME OF CHILD** FREDERICK BURTON SHARP

5. Date of Birth of Child
(Month, day, year) MAY 25-1891

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 5th 8. No. months of Pregnancy ✓ 9. Legitimate? ✓

10. **FULL NAME** HEBER FATHER OF CHILD CHASE

11. **FULL MAIDEN NAME** MARY ANN CRANER

11. Color WHITE 12. Age at time of THIS birth 30 yrs.

17. Color White 18. Age at time of THIS birth 23 yrs.

13. Birthplace KAYSVILLE UTAH
(City or town) (State or foreign country)

19. Birthplace CRANESVILLE UTAH
(City or town) (State or foreign country)

14. Exact Occupation FARMER

20. Exact Occupation HOUSEWIFE

15. Industry or Business FARMING

21. Industry or Business FARMING

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA County of RIVERSIDE } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 51 years, and that SALEY BATES - MIDDLEWIFE, who attended this birth IS NOW DECEASED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Craner Sharp Signature
Box 402 - ROUTE 2 - RIVERSIDE - CAL P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942
(SEAL) Jane Taylor Notary Public, residing at Riverside, Cal
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires August 12, 1942

Received for filing on MAY 18 1942 by Mary Ann Craner Sharp Registrar.

NOV 14 2002

MAY 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

458-127. 221-415

345016

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Preston, Idaho

4. FULL NAME OF CHILD Arthur Hohn Meyer

5. Date of Birth of Child
(Month, day, year) 6-23-1891

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry A. Meyer
11. Color white 12. Age at time of THIS birth 42 yrs.
13. Birthplace Hanover Germany
(City or town) (State or foreign country)
14. Exact Occupation Saloon Keeper
15. Industry or Business Liquor

MOTHER OF CHILD

16. FULL MAIDEN NAME Rachel Davis
17. Color white 18. Age at time of THIS birth 42 yrs.
19. Birthplace Cardiff, Wales
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for all his life, and that Mrs. Swan, who attended this birth deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emmie Jones Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942.

(SEAL)

Probate Judge Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Marj E. Keefe Registrar.

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has~~ occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-107-276-279

345023

345023

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Oneida (b) City Riverdale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:IN THIS county 5 years months days**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

- (a) State Idaho (b) County Oneida
(c) City Riverdale
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Riverdale, Ida

5. Date of Birth of Child

(Month, day, year) 10/7/1891**4. FULL NAME OF CHILD** O' Rene Nelson6. Sex male7. Twin or
TripletIf so—born
1st, 2nd, 3rd8. No. months
of Pregnancy 99. Legitimate? yes**FATHER OF CHILD**

- 10. FULL NAME** Thomas Williamson Roland Nelson
11. Color white **12. Age at time**
or Race white of THIS birth 23 yrs.
13. Birthplace Ogden Utah
(City or town) (State or foreign country)
14. Exact Occupation Sheep
15. Industry or Business sheep

MOTHER OF CHILD

- 16. FULL MAIDEN NAME** Minnie Belle Spidell
17. Color white **18. Age at time**
or Race white of THIS birth 22 yrs.
19. Birthplace Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signatureM.D.
Midwife Address

Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 73 years of age, that I have known this person for years, and that

Dr. Swan (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Minnie B Nelson Belvitt Signature
P. O. Address

Subscribed and sworn to before me this 18 day of May, 1942.

(SEAL)

Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Mary Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 21 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-2041 006-867

346068

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County.....Bingham (b) City.....Ida. Falls
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years -- months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State.....Idaho (b) County.....Bingham
(c) City.....Idaho Falls
(d) Street Address or R.F.D. No.....None
(e) How long has **MOTHER** lived in Idaho?.....7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Ida. Falls, Ida.

4. **FULL NAME OF CHILD**.....EVA MAE TAYSON
7. Twin or Triplet.....
If so—born 1st, 2nd, 3rd.....

5. Date of Birth of Child.....
(Month, day, year).....5/4/1891
8. No. months of Pregnancy.....9
9. Legitimate?.....Yes

FATHER OF CHILD
10. **FULL NAME**.....CHARLES JOHN TAYSON
11. Color.....White 12. Age at time of THIS birth.....43 yrs.
13. Birthplace.....St. Louis, Mo.
(City or town) (State or foreign country)
14. Exact Occupation.....Farmer
15. Industry or Business.....Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME**.....ALZINA HOLLENBECK
17. Color.....White 18. Age at time of THIS birth.....47 yrs.
19. Birthplace.....(Country) Indiana
(City or town) (State or foreign country)
20. Exact Occupation.....Housewife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....Information not available.
23. Number of children of this mother: (a) At time of birth and including this child.....5 (b) Born alive and now living.....4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature.....M.D. Address.....Date.....
State of.....Idaho
County of.....Bonneville } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....half-sister.....of the person whose name appears in Item 4, above, that I am now.....68.....years of age, that I have known this person for.....68.....years, and that.....Dr. Mitchell....., who attended this birth.....is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosetta Burns Engelson Signature
Ririe, Idaho P. O. Address

Subscribed and sworn to before me this.....15th day of.....May....., 1942.
(SEAL).....Notary Public residing at.....Idaho Falls, Id

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on.....MAY 20 1942.....by.....Mary E. Baker....., Registrar.

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



477-120-008-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346190**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

John Harold McCammon

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

6. Sex Male

FATHER OF CHILD

10. FULL NAME

Ellis McCammon

11. Color white
or Race white

12. Age at time
of THIS birth 32 yrs.

13. Birthplace Eden
(City or town)

Ireland
(State or foreign country)

14. Exact
Occupation Carpenter

15. Industry or
Business Coeur d'Alene

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai

(c) City Coeur d'Alene

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Same

5. Date of Birth of Child

(Month, day, year) Aug 20, 1891

8. No. months
of Pregnancy

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Elisabeth Grist

17. Color white
or Race white

18. Age at time
of THIS birth 32 yrs.

19. Birthplace Washington
(City or town)

England
(State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Blaine

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears
in Item 4, above, that I am now 54 years of age, that I have known this person for since birth years, and that
Dr. Selim who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Annie Grist Butler

Signature

Burton Wash

P. O. Address

Subscribed and sworn to before me this 3rd day of Sept, 1942

(SEAL)

Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Mary E. Butler Registrar.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

263-11810 29-438

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

346378
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County LATAH (b) City IDAHO
(c) Street Address or R.F.D. No. IN COUNTRY
(d) Name of Hospital or Maternity Home: VIOLA BORN AT HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County LATAH
(c) City MAIL STATION VIOLA
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 25 yrs.

4. FULL NAME OF CHILD

Robert T. Emmett De Bolt

3. RESIDENCE OF FATHER (city, state)

SAME

6. Sex MALE

7. Twin or Triplet NO

If so, 1st, 2nd, 3rd SEVENTH

No. months of Pregnancy 9

9. Legitimate? YES

10. FULL NAME

HENRY ALLISON De Bolt

11. Color or Race AMERICAN

Age at time of THIS birth 39 yrs.

13. Birthplace INDIANA USA

(City or town) (State or foreign country)

14. Exact Occupation LYMBERMAN

15. Industry or Business OWN BUSINESS

16. Name of Mother MAIDEN

17. Color or Race AMERICAN

Age at time of THIS birth 35 yrs.

19. Birthplace DOVER MISSOURI

(City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN

23. Number of children of this mother: (a) At time of birth and including this child 7

(b) Born alive and how living 8 LIVING

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Martha Frances DeBolt, who is related to this child as Mother.
(First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Washington

County of Spokane

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 51 years, and that....., who attended this birth..... I further state that.....
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Frances De Bolt Signature
4819 N. MADISON SPOKANE P. O. Address

Subscribed and sworn to before me this 2nd day of MAY, 1942
(SEAL) George Bradley

Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-915, Idaho Code Annotated.)

Received for filing on MAY 20 1942

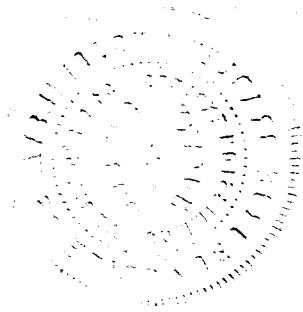
by Martha Frances De Bolt, Registrar.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



417-118-029-212

346495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Corner 9th & Washington
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Corner 9th & Washington

(e) How long has MOTHER lived in Idaho? yes

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Leslie Lorraine Maguire

6. Sex Male 7. Twin or Triplet no If sg born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Dec 18 - 1891

8. No. months of Pregnancy 7 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John H Maguire
11. Color White 12. Age at time of THIS birth 45 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Manager of own Business
15. Industry or Business Merchant

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella M Babcock
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 57 years, and that Dr. W. W. Watkins, who attended this birth, is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora Herington Town Signature
Moscow Idaho P. O. Address

Subscribed and sworn to before me this 14 day of May, 1942

(SEAL)

Notary Public, residing at Moscow Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Registrar.

MAY 26 1942

DEC 3 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-116-504-814

346514

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County BEAR LAKE (b) City Bloomington
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
RESIDENCE
(e) Mother's stay **BEFORE** delivery:
IN THIS county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County BEAR LAKE
(c) City Bloomington
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD

WEO MILTON THOMAS

5. Date of Birth of Child

(Month, day, year) AUG. 16, 1891

6. Sex MALE

7. Twin or Triplet

NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? YES

FATHER OF CHILD

- 10. FULL NAME** JAMES CLAYBOURN THOMAS
11. Color or Race WHITE **12. Age at time of THIS birth** 22 yrs.
13. Birthplace Bloomington, Idaho
(City or town) (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business _____

MOTHER OF CHILD

- 16. FULL MAIDEN NAME** MARIA ELIZABETH Haddock
17. Color or Race WHITE **18. Age at time of THIS birth** 21 yrs.
19. Birthplace Bloomington, Idaho
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of UTAH County of SALT LAKE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 50 years, and that

_____, who attended this birth _____ I further state that _____ (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14th day of MAY 1942

(SEAL)

James Claybourn Thomas

Signature _____ P. O. Address _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942

by

Mabel E. Eklund

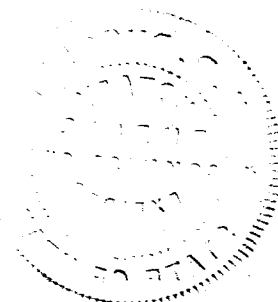
Registrar.

MAY 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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652-131-029-713

346597

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Latah Co. (b) City
- (c) Street Address or R.F.D. No.
- (d) Name of Hospital or Maternity Home: at home
- (e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Latah
- (c) City
- (d) Street Address or R.F.D. No.
- (e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD

Julius Earl Hesselender

5. Date of Birth of Child

(Month, day, year) Aug 31, 1891

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 8

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Julius Hiram Hesselender

11. Color or Race

White

12. Age at time

of THIS birth 43 yrs.

13. Birthplace

French Point, Indiana

(City or town)

(State or foreign country)

14. Exact Occupation

Tanner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Laura Louisa Bates

17. Color or Race

White

18. Age at time

of THIS birth 87 yrs.

19. Birthplace

Oregon

(City or town)

(State or foreign country)

20. Exact Occupation

house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho

County of Latah

ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears
in Item 4, above, that I am now 62 years of age, that I have known this person for all his life years, and that
Ella R. Krassell who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Ella Rosetta Krassell
Garfield, Wash.

Signature

P. O. Address

Subscribed and sworn to before me this 14 day of May, 19 42

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) **NOTARY PUBLIC** residing at Patitach, Idaho

Received for filing on MAY 19 1942

by

My commission expires December 10, 1943
Registrar.

MAY 27 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each copy requires an advance payment of fifty cents, money order or coin.

296-122-006-862

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

346610
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Oxford
(c) Street Address or R.F.D. No. Ranch
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Oxford
(d) Street Address or R.F.D. No. Ranch
(e) How long has MOTHER lived in Idaho? yrs.

4. FULL NAME OF CHILD

Roland Elmer Brossard

3. RESIDENCE OF FATHER (city, state)

Idaho (and)
Date of Birth of Child (Month, day, year) Aug 22 1897

6. Sex male 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Armandephonie Brossard
11. Color White 12. Age at time of THIS birth 45 yrs.
13. Birthplace La Prairie, Canada
(City or town) (State or foreign country)
14. Exact Occupation Farmer (Stock Raiser)
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Catherine Hobson
17. Color white 18. Age at time of THIS birth 38 yrs.
19. Birthplace Farmington, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Jefferson Idaho Midwife Box 303 1942

State of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign Item 25.
County of Jefferson

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 57 1/2 years of age, that I have known this person for 50 years, and that Jane Howell who attended this birth Deceased I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L. A. Brossard Signature
Box 303 P. O. Address
Rigby, Idaho

Subscribed and sworn to before me this 10th day of April, 1942
(SEAL) George M. Johnson Notary Public, residing at Moscow Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mary Hobson Registrar.

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-110-044-236

346622

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Weiser</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county years <u>5</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Weiser</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>5 mos.</u> yrs.	
4. FULL NAME OF CHILD <u>Guy Glenn Wilcox</u>		3. RESIDENCE OF FATHER (city, state) <u>Weiser, Wash.</u> 5. Date of Birth of Child <u>ington Co.</u> (Month, day, year) <u>April 10, 1891</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Warren Wilcox</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>46</u> yrs. 13. Birthplace <u>Madison County, New York</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Amanda Jane Stotts</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>42</u> yrs. 19. Birthplace <u>Janesville, Ohio</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Iowa ss.
County of Boone

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 51 years, and that Mrs. Adams is deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 22nd day of May, 1942.
(SEAL) Harline Curry Notary Public, residing at Boone, Iowa.
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by [Signature] Registrar.

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Perry
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
Residence
(e) Mother's stay BEFORE delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Perry
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 10 yrs.

4. FULL NAME
OF CHILD

Walter Lewis Ames

5. Date of Birth of Child

(Month, day, year) April 15, 1891

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Isaac James Ames
11. Color White 12. Age at time
or Race White of THIS birth 34 yrs.
13. Birthplace Portage Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucinda Gould
17. Color White 18. Age at time
or Race White of THIS birth 24 yrs.
19. Birthplace Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None to My Knowledge
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears
in Item 4, above, that I am now 53 years of age, that I have known this person for 50 years, and that
..... who attended this birth I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 27 day of May, 1942

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

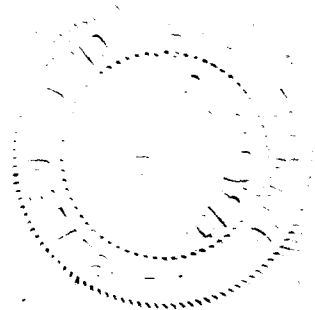
Received for filing on MAY 28 1942 by Mary E. Elder, Registrar.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314-220-044-622

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346814**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Meadows</u> (c) Street Address or R.F.D. No. <u>0</u> (d) Name of Hospital or Maternity Home: <u>0</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county</u> <u>11</u> years <u>0</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Meadows</u> (d) Street Address or R.F.D. No. <u>0</u> (e) How long has MOTHER lived in Idaho? <u>21</u> yrs.	
4. FULL NAME OF CHILD <u>Carrie Frances Campbell</u>		3. RESIDENCE OF FATHER (city, state) <u>Meadows-Ida.</u>	
6. Sex <u>female</u>		5. Date of Birth of Child (Month, day, year) <u>Mar. 20-1891</u>	
7. Twin or Triplet <u>0</u>		8. No. months of Pregnancy <u>9</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charles Albert Campbell</u>		16. FULL MAIDEN NAME <u>Caroline Frances Osborn</u>	
11. Color <u>white</u>		17. Color <u>White</u>	
12. Age at time of THIS birth <u>35</u> yrs.		18. Age at time of THIS birth <u>21</u> yrs.	
13. Birthplace <u>Pawnee-Illinois</u> (City or town) (State or foreign country)		19. Birthplace <u>Warren-Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Stock-grower</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>ranch</u>		21. Industry or Business <u>Home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>boric acid solution</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date
State of Idaho
County of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 51 years, and that Mrs. Mose Clay who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Caroline Campbell Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this day of May, 1942.
(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on by Margaret Vogel Registrar.

MAR 23 1964

JUN 4

1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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747-120-004-695

346971

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County BEAR LAKE (b) City FISH HAVEN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State IDAHO (b) County BEAR LAKE
(c) City FISH HAVEN
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.

4. FULL NAME OF CHILD

JUSTIN GAROLD PUGMIRE

6. Sex

MALE

7. ~~Twin or~~
~~Triplet~~

If so—born
1st, Only one

8. No. months
of Pregnancy 9

9. Legitimate? YES

10. FULL NAME

JUSTIN PUGMIRE

11. Color

White

12. Age at time

of THIS birth 25 yrs.

13. Birthplace

FILLMORE

(City or town) (State or foreign country)
UTAH

14. Exact

Occupation

Now Pension

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

HANNAH E. WINTERBOTTOM

17. Color

White

18. Age at time

of THIS birth 26 yrs.

19. Birthplace

ENGLAND

(City or town) (State or foreign country)

20. Exact

Occupation

Pension

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

25. Attendant's

OWN signature

DEAD

M.D.

Midwife

Address

Date

State of.....UTAH.....ss.
County of.....SALT LAKE.....

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....MOTHER.....of the person whose name appears
in Item 4, above, that I am now.....71.....years of age, that I have known this person for.....50.....years, and that

(First name) DR. EL GUIRE (Last name) who attended this birth.....IS DEAD..... I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 189, 1937 Session Laws.

Hannah Elizabeth Winterbottom Pugmire
255 S. MAIN, MIDVALE, UTAH P. O. Address

Subscribed and sworn to before me this.....27th.....day of.....May....., 1942

(SEAL)

Don B. Baggley Notary Public, residing at.....Midvale, Utah.....

(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

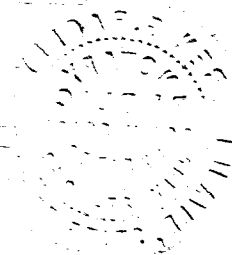
Received for filing on.....MAY 29 1942.....by.....Maude E. Johnson....., Registrar.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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238221-001-235

347051

347051

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County ada. (b) City Boise
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
~~In Hosp. or Mat. Home~~ _____ days.
IN THIS county _____ years 2 month _____ days

4. FULL NAME OF CHILD

Annie Myrtle Schoonover

6. Sex Female 7. Twin of _____ If so—born _____
Trip'et _____ 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Richard Eugene Schoonover

11. Color white 12. Age at time of THIS birth 30 yrs.

13. Birthplace Owego New York
(City or town) (State or foreign country)

14. Exact Occupation Common Labor

15. Industry or Business _____

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County ada
(c) City Boise

(d) Street Address or R.F.D.No. _____

(e) How long has MOTHER lived in Idaho? 2 yrs.

(f) Mother's mailing address Boise Idaho

3. RESIDENCE of FATHER (city, state)

Boise Idaho

5. Date of Birth

(Month, day year) Aug. 21, 1891

8. No. months of Pregnancy 9 9. Legitimate? _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Bird Stephenson

17. Color white 18. Age at time of THIS birth 19 yrs.

19. Birthplace Cottonwood Falls Kansas
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) JUN 3 1942 (b) Mary E Eder
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.

and address _____ Date _____
(D.O., Midwife, etc.)

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie Bird Schoonover, being first duly sworn, say that I am related to
Annie Myrtle Schoonover as Mother
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____, and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Annie Bird Schoonover Signature
Box 12-31 Boise Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of June, 1942
(SEAL) Wm. B. Bagley Notary Public, residing at Boise Idaho

JUN 3

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

255-114-028-289 SB-2895

1. PLACE OF BIRTH
County of Moitmain
City of near Post Falls, Idaho
No. _____ St. _____
Registration District No. _____ State File No. 347179

(If born in hospital or institution give name) _____ Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Charles E. Worthen Benham

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legiti- mate? X 8. Date of birth Jan 14 1891 (Month, Day, Year)

9. Full name Curtis Alberto Benham FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) Near Post Falls, Idaho
11. Color or race white 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Kaseville, New York

18. Full maiden name Nellie Elizabeth Shields MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) Near Post Falls, Idaho
20. Color or race white 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Near Detroit, W. Mich.

OCCUPATION 14. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. general building
16. Date (month and year) last engaged in this work since 1889 17. Total time (years) spent in this work 2 yrs

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work since 1898 26. Total time (years) spent in this work 9 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn _____
29. If stillborn, period of gestation _____ { months _____ or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed JUN 1 1942, 193 _____

Registrar.

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Washington

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mellie Elizabeth Benham being first duly sworn, says that
she is the son of Burtis Alberto & Mellie Elizabeth Benham
(Relationship of child)*
born Jan 14, 1891 at near Post-Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mellie Elizabeth Benham desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Charles Lawrence Benham

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that ~~the said~~ Mrs. Parsons M. D. was the
medical attendant at the birth of said Charles Lawrence Benham Midwife and that
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Mellie Elizabeth Benham
P. O. Address Route 2, Box 431, Vancouver, Wash

Subscribed and sworn to before me this 22 day of September, 1934

B. J. Vaughan
Notary Public.
Residing at Vancouver

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 3 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347223**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Shoshone** (b) City **Weippe**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at own home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years 1 months 29 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Shoshone**
(c) City **Weippe**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **4** yrs.
3. RESIDENCE OF FATHER (city, state) **Weippe, Ida.**

4. FULL NAME OF CHILD **Harvey Wilson**

5. Date of Birth of Child
(Month, day, year) **Nov. 29, 1891**

6. Sex **male** **7. Twin or Triplet** **no** **If so—born 1st, 2nd, 3rd** **x**

8. No. months of Pregnancy **9** **9. Legitimate?** **yes**

FATHER OF CHILD

10. FULL NAME **Thomas Wilson**
11. Color or Race **white** **12. Age at time of THIS birth** **41** yrs.
13. Birthplace **Cederralls Iowa**
(City or town) (State or foreign country)
14. Exact Occupation **farmer**
15. Industry or Business **farming**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Mary Jordan**
17. Color or Race **white** **18. Age at time of THIS birth** **40** yrs.
19. Birthplace **do not know Ohio**
(City or town) (State or foreign country)
20. Exact Occupation **housewife**
21. Industry or Business **housework**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **x**

23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **5**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**
Midwife

State of **Idaho**
County of **Clearwater** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **brother** of the person whose name appears in Item 4, above, that I am now **65** years of age, that I have known this person for **50** years, and that **Bridget Gaffney**, who attended this birth **deceased**. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leroy Wilson Signature
Weippe, Idaho P. O. Address

Subscribed and sworn to before me this **26th** day of **May**, 19 **42**

(SEAL)

Notary Public, residing at **Weippe, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

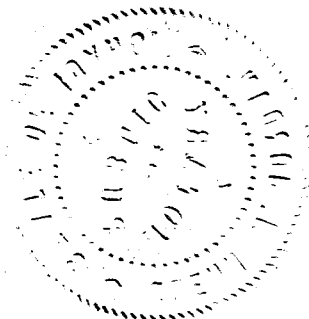
Received for filing on **JUN 1 1942** by **Mary E. Gaffney**, Registrar.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347359**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Rexburg
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years 5 months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Rexburg
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho.

4. **FULL NAME OF CHILD** Miles Reynold Cahoon Jr.
7. Twin or Triplet
8. No. months of Pregnancy 9
9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) Sept. 16, 1891.

FATHER OF CHILD
10. **FULL NAME** Miles Reynold Cahoon
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace South Cottonwood, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary McMillan
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace South Cottonwood, Utah
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Midwife Address Address Date Date
State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 50 years, and that Mrs. Magdalena Waltz, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Paul Fletcher Signature
Saint Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of June, 1942.
(SEAL) [Signature] Notary Public, residing at St. Anthony, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by [Signature] Registrar.

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347405**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>Jefferson St</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>Jefferson</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Helen Louise Bruce</u>		3. RESIDENCE OF FATHER (city, state) <u>Boise Ida.</u> 5. Date of Birth of Child (Month, day, year) <u>July 12, 1891</u>	
6. Sex <u>Female</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy _____ 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Walter Smith Bruce</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>San Francisco Calif.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Asst. Cashier</u> 15. Industry or Business <u>Boise City Nat'l Bank</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Elizabeth Margaret Bibbins</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>San Francisco Calif.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
State of Idaho } **SS.** **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 48 years, and that Mrs. Ethel Bibbins (First name) (Last name) who attended this birth and is located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ethel Bibbins Signature
1122 N. 4th - Boise P. O. Address
Subscribed and sworn to before me this 3rd day of June, 1942
(SEAL) _____ Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by _____, Registrar.

JAN 25 1947

JAN 4 1951

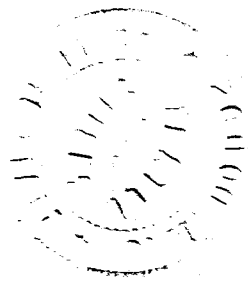
DEC 30 1952

DEC 30 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619-110-007-755

347416

347416

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Belvue
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Belvue
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Belvue, Idaho

4. FULL NAME OF CHILD Joseph Daniel Fariello
5. Date of Birth of Child (Month, day, year) Oct. 10, 1891
6. Sex male 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Joseph Fariello
11. Color white 12. Age at time of THIS birth 40 yrs.
13. Birthplace don't know (City or town) (State or foreign country)
14. Exact Occupation Restaurant operator
15. Industry or Business Restaurant

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Geefellow
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Fune, Switzerland (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Payette, Idaho M. on the date May 23, 1942
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Elise Ireton, who is related to this child as Mother (First name) (Last name)

25. Attendant's OWN signature Elise Ireton M.D. Midwife Address Payette, Idaho Date May 23, 1942
State of Montana ss. Elise Ireton
County of Silver Bow

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Elise Ireton (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for XXXXX years and that I further state that
(First name) (Last name) who attended this birth (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Daniel Fariello Signature
435 So. Arizona St. Butte, Mont. O. Address

Subscribed and sworn to before me this 12th day of May, 1942.
(SEAL) Guassino Galaxo Notary Public, residing at Butte, Montana
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

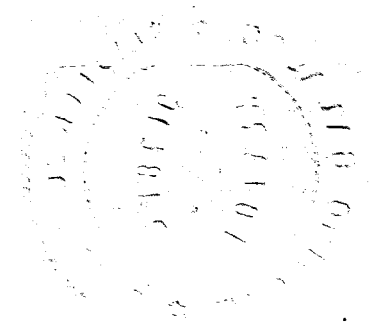
Received for filing on MAY 29 1942 by Marie Elder Registrar.

JUN 9 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

312-125-008-791

347445

347445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City near Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
both at family residence
(e) Mother's stay BEFORE delivery:
IN THIS county 30 years 10 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BOISE
(c) City near Idaho City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho City, Idaho

4. **FULL NAME OF CHILD** EPHRAIM BENTON CASNER

5. Date of Birth of Child
(Month, day, year) Jan. 25, 1891

6. Sex Male 7. Twin or Triplet 1st, 2nd, 3rd 8th 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM HILL CASNER
11. Color White 12. Age at time of THIS birth 64 yrs.
13. Birthplace Roanoke, Virginia, U.S. A.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming operator

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZABETH GRAHAM
17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Stump Town, Ohio U. S. A.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of IDAHO
County of BOISE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 51 years, and that Warren Newell who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

Subscribed and sworn to before me this 8th day of June, 1942
(SEAL) Idaho City, Idaho Signature Geo W Casner
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) P. O. Address Idaho City, Idaho
Clerk of the District Court

Received for filing on JUN 9 1942 by Mary Fielder Registrar.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



261-228-629-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years 6 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 32 yrs.
3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** MABEL LILLIAN SWANBERG
5. Date of Birth of Child
(Month, day, year) Nov. 28 1891
6. Sex FEMALE 7. Twin or Triplet TWIN If so—born 1st
1st, 2nd, 3rd 2nd 8. No. months of Pregnancy 9 9. Legitimate? YES

- FATHER OF CHILD**
10. **FULL NAME** ERIK SWANBERG
11. Color WHITE 12. Age at time of THIS birth 40 yrs.
13. Birthplace SWEDEN
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business same
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** MARGRET STOL
17. Color WHITE 18. Age at time of THIS birth 34 yrs.
19. Birthplace SWEDEN
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature IDAHO M.D. Address Date
LATAH Midwife

State of..... } ss.
County of..... }
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for all her life, and that MRS MARY FREDLUND who attended this birth IS NOW DECEASED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Subscribed and sworn to before me this 27th day of MAY, 1942
(SEAL) Charles Swenberg Signature
TROY IDAHO P. O. Address
Troy, Idaho.
Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1971

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-124.028-249

347480

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Hope, Idaho
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: Home
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Hope
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 4 yrs.

4. FULL NAME OF CHILD

John Glahe Brookhagen

5. Date of Birth of Child

(Month, day, year) Nov 24-1891

6. Sex

Male

Triplet

1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME

George Louis Brookhagen

11. Color or Race

White

12. Age at time of THIS birth

27 yrs.

13. Birthplace

Ft. Madison, Ia.

(City or town)

(State or foreign country)

14. Exact Occupation

Store Keeper

15. Industry or Business

Tavern

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anna Smith

17. Color or Race

White

18. Age at time of THIS birth

25 yrs.

19. Birthplace

Wiles, Mich

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho County of Butte ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 5 years, and that

Max Ed Brookhagen, who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 3 day of June, 1942

(SEAL)

Notary Public, residing at Burlington, Ia.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 5 1942 by Max Ed Brookhagen, Registrar.

JUN 9

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

347509

255-127-028-653

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
In her home
(e) Mother's stay BEFORE delivery:
IN THIS county V years 6 months V days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 40 yrs.
3. RESIDENCE OF FATHER (city, state) Idaho,

4. FULL NAME OF CHILD Leslie Ross Kent,

5. Date of Birth of Child
(Month, day, year) Aug, 23, 1891

6. Sex Male 7. Twin or Triplet V If so—born 1st, 2nd, 3rd V

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew J. Kent,
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Oceola, Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Proprietor of Hotel
15. Industry or Business Hotel man

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie E. Welch,
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace The Dalles Oregon,
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 50 years, and that Dr Sabin, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie E. Kent Signature
Bonnors Ferry, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942
(SEAL) Edwin White Probate Judge Nellie E. Kent residing at Bonnors Ferry Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by M. E. Sabin Registrar.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

213-2240 d-866

347800

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Caldwell</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>23</u> years -- months <u>7</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Caldwell</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>23</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Caldwell, Ida.</u> 5. Date of Birth of Child (Month, day, year) <u>June 24, 1891.</u>		6. Sex <u>Female</u> 7. Twin or <u>Triplet</u> If so—born <u>1st, 2nd, 3rd</u> 8. No. months <u>9</u> 9. Legitimate? <u>Yes.</u>	
10. FULL NAME <u>Samuel Lafayette Ball</u> 11. Color <u>White</u> 12. Age at time <u>27</u> yrs. 13. Birthplace <u>Amherst, Wisconsin</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming.</u>		16. FULL MAIDEN NAME <u>Myra Ethel Howard</u> 17. Color <u>White</u> 18. Age at time <u>23</u> yrs. 19. Birthplace <u>Middleton, Idaho.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Own home.</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Borac acid.</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN signature** _____ **M.D.** _____ **Midwife** _____ **Address** _____ **Date** _____

State of Oregon Coos ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 73 years of age, that I have known this person for 50 years, and that Dr. F. S. Kohler who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myra Ethel Howard Ball Signature
829 E. Second St., Coquille, Ore. P. O. Address
Subscribed and sworn to before me this 1st day of June, 1942.
(SEAL) O. C. Sanford Notary Public, residing at Coquille, Ore.
My commission expires Sept 25, 1944
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-614, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by M. J. Heister Registrar.

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



235-206-029-698

347803

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Latah (b) City Moscow
 (c) Street Address or R.F.D. No. 126 W. 1st St.
 (d) Name of Hospital or Maternity Home: _____
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home. _____ days.
 IN THIS county 8 years 10 month 6 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Latah
 (c) City Moscow
 (d) Street Address or R.F.D. No. 126 W. 1st St.
 (e) How long has MOTHER lived in Idaho? 8 yrs.
 (f) Mother's mailing address Moscow Idaho

3. RESIDENCE of FATHER (city, state) Moscow, Ida.
 4. FULL NAME OF CHILD Edna Mary Stewart
 5. Date of Birth (Month, day year) July 6, 1891
 6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
 10. FULL NAME George H. Stewart
 11. Color or Race White 12. Age at time of THIS birth 37 yrs.
 13. Birthplace Rockford, Illinois
 (City or town) (State or foreign country)
 14. Exact Occupation Liveryman
 15. Industry or Business Livery Barn

MOTHER OF CHILD
 16. FULL MAIDEN NAME Emma Elizabeth Fry
 17. Color or Race White 18. Age at time of THIS birth 32 yrs.
 19. Birthplace Zionsport, Illinois
 (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum #
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 A. M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____, who is
 related to this child as _____ (First name) (Last name)

26. (a) JUN 8 1942 (b) M. J. McInnis
 (Date received) (Registrar's signature)
 27. Given name added on _____ by _____
 (Registrar's signature)
 25. Attendant's OWN signature Elmina E Rees
 and address aunt Date _____
 (B.O. Midwife, etc.)

State of Idaho } ss.
 County of Latah
 I, Elmina E Rees, being first duly sworn, say that I am related to
Edna Mary Stewart as aunt (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
 contained therein are true to the best of my knowledge. I further state that Mr. C. E. Worthington who attended
 said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is
 NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 17 day of February 1942
 (SEAL) J. M. McInnis Notary Public, residing at Moscow, Ida.

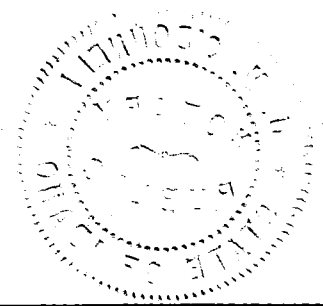
MAR 16 1959

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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523.117.004-523

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347851**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Wardboro.....
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years 1 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake.....
(c) City Wardboro.....
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
3. **RESIDENCE OF FATHER** (city, state) Wardboro Idaho

4. **FULL NAME OF CHILD** Reuben Nephi Eschler
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child May 17, 1891
(Month, day, year)

FATHER OF CHILD
10. **FULL NAME** John Eschler
11. Color White 12. Age at time of THIS birth 56 yrs.
13. Birthplace Baltigen Bern Switzerland
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Magdalena Berger Eschler
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Langnau Bern Switzerland
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasat.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....; who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Utah } ss.
County of Becker

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 51 years, and that Jane Sparks, who attended this birth Deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Magdalena Eschler Signature
322 No. 3rd East Logan Utah P. O. Address

Subscribed and sworn to before me this 10 day of June 1942
(SEAL) Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

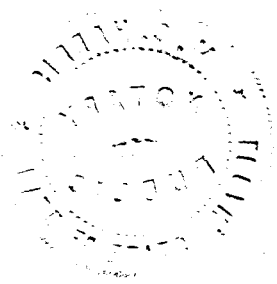
Received for filing on JUN 9 1942 by , Registrar.

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253-204 006-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347865**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bingham (b) City Swan Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence

(e) Mother's stay BEFORE delivery:

IN THIS county 7 years months days

4. FULL NAME OF CHILD

Luz Margaret Beckstead

Twin or
Triplet

If so—born
1st, 2nd, 3rd

6. Sex

female

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bingham
(c) City Swan Lake
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

Same

5. Date of Birth of Child

(Month, day, year) Nov. 4, 1891

8. No. months of Pregnancy

9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Alexander Beckstead

11. Color or Race

White

12. Age at time of THIS birth

27 yrs.

13. Birthplace

Bingham City, Utah

(City or town)

(State or foreign country)

14. Exact Occupation

Rancher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Olga R. Christensen

17. Color or Race

White

18. Age at time of THIS birth

23 yrs.

19. Birthplace

Bingham City, Utah

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Tadoussac

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 50 years, and that

D. O. C. Ormsby, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alexander Beckstead
Ashton Idaho

Signature

P. O. Address

Subscribed and sworn to before me this 27 day of June, 1943.

(SEAL)

Ralph L. Lutton

Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mabel Keeler, Registrar.

JUN 13 1942

APR 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

268-108014-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348071**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Canyon** (b) City **Nampa**
(c) Street Address or R.F.D. No. **No street**
(d) Name of Hospital or Maternity Home: **None**
(e) Mother's stay BEFORE delivery:
IN THIS county **2** years months days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Canyon**
(c) City **Nampa**
(d) Street Address or R.F.D. No. **No street**
(e) How long has MOTHER lived in Idaho? **8** yrs.
3. RESIDENCE OF FATHER (city, state) **Nampa, Idaho**

4. FULL NAME OF CHILD **Sidney Dillon Boyer**
5. Date of Birth of Child
(Month, day, year) **Feb. 8, 1891**
6. Sex **Male** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy **Nine** 9. Legitimate? **Yes**

- FATHER OF CHILD
10. FULL NAME **Joseph Henry Boyer**
11. Color **White** 12. Age at time of THIS birth **4.3** yrs.
13. Birthplace **Canton Ohio**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business **Farmer**
- MOTHER OF CHILD
16. FULL MAIDEN NAME **Mary Ellen Loomis**
17. Color **White** 18. Age at time of THIS birth **41** yrs.
19. Birthplace **Cleveland Ohio**
(City or town) (State or foreign country)
20. Exact Occupation **House wife**
21. Industry or Business **House wife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **11** (b) Born alive and now living **6**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **Alive** at **2:00 A.M.** on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Delilah E. Barry**, who is
related to this child as **Sister**
(First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature M.D. Address Date
Delilah E. Barry Midwife

State of **Oregon** } ss. AFFIDAVIT to be completed when the attendant does not sign
County of **Marion** in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Sister** of the person whose name appears
in Item 4, above, that I am now **67** years of age, that I have known this person for **all his life** years, and that
Dr. Rallan, who attended this birth, **deceased** I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

my commission expires Jan 22 - 1945

Subscribed and sworn to before me this **9th** day of **June**, 19**42**

(SEAL) **Kenneth R. Randall** Notary Public, residing at **Salem Oregon**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUN 12 1942** by _____, Registrar.

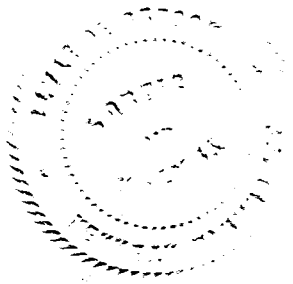
JUN 22 1942

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

766-107 022-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348094**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Freemont (b) City Menan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home.
(e) Mother's stay **BEFORE** delivery: 23 years 3 months 4 days
IN THIS county 23 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Menan
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD.** Emmett L. Poole,
5. Date of Birth of Child (Month, day, year) 4-7-91
6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? Yes.

- FATHER OF CHILD**
10. **FULL NAME** John Ralston Poole
11. Color White 12. Age at time of THIS birth 50 yrs.
or Race Iowa
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Harriet Bitten
17. Color White 18. Age at time of THIS birth 36 yrs.
or Race of THIS birth
19. Birthplace Yarmouth, England,
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Do not know.

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature [Signature] M.D. [Signature] Address [Signature] Date [Signature]
State of Idaho County of Freemont ss. [Signature]

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 52 years, and that....., who attended this birth..... I further state that.....
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 14th day of April 1942
(SEAL) [Signature] Notary Public, residing at Pocatello Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 16 1942 by [Signature], Registrar.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493 21904/62

United States
Department of Commerce
Bureau, of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348385**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 16 years months days

4. FULL NAME OF CHILD

Bernice Miller

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Robert Edwin Miller

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Granby - Canada

(City or town) (State or foreign country)

14. Exact Occupation Cabinet maker

15. Industry or Business Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME

Gilpha Jane Baker

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Idaho

(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child...3 (b) Born alive and now living...3.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Canyon

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 5 years, and that Dr. W. C. Maxey who attended this birth deceased I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13 day of June, 1942

(SEAL)

Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mary L. Baker Registrar.

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

351 101 008 - 355

JUN 24 1942

348433

348433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (b) City Placerville
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Placerville
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Placerville

4. FULL NAME OF CHILD

William Emmett Leary

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

10. FULL NAME

Michael Leary

11. Color

white

12. Age at time

of THIS birth 10 yrs.

13. Birthplace

Ireland

(City or town)

(State or foreign country)

14. Exact

Occupation

Miner

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Leehan

17. Color

white

18. Age at time

of THIS birth 36 yrs.

19. Birthplace

Ireland

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears
in Item 4, above, that I am now 61 years of age, that I have known this person for 50 yrs. years, and that

Katherine Leary, who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24 day of June, 1942

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

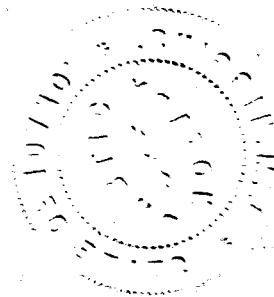
Received for filing on JUN 24 1942 by Mary E. Elder, Registrar.

JUN 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294 213 045 419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

348515
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Alturas</u> (b) City <u>Shoshone</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Alturas</u> (c) City <u>Shoshone</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Frankie (Lina) Armstrong</u> 7. Twin or Triplet <u>Yes</u> If so—born 1st, 2nd, 3rd		3. RESIDENCE OF FATHER (city, state)	
6. Sex <u>Female</u> FATHER OF CHILD 10. FULL NAME <u>Charles H. Lewis</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Jefferson Co. Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Stock Raiser</u> 15. Industry or Business		5. Date of Birth of Child <u>Nov. 13 - 1891</u> (Month, day, year) 8. No. months of Pregnancy	
16. FULL MAIDEN NAME <u>Princk Melina Martin</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>31</u> yrs. 19. Birthplace <u>Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business		9. Legitimate? <u>Yes</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
State of Washington County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4 above, that I am now 32 years of age, that I have known this person for 51 years, and that Dr. Baugh who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

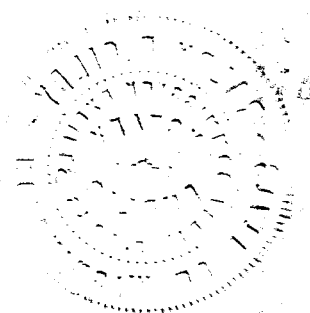
Subscribed and sworn to before me this 16 day of June, 1943
(SEAL) Raepink Notary Public, residing at Spokane, 103
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

JUN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753 118-036-666

348555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

4. FULL NAME OF CHILD

Sherman Adna Peek

5. Date of Birth of Child
(Month, day, year) Oct 18 1891

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harold Peek
11. Color white 12. Age at time
or Race of THIS birth 36 yrs.
13. Birthplace New York
(City or town) (State or foreign country)
14. Exact Occupation Business
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Wooley
17. Color white 18. Age at time
or Race of THIS birth 39 yrs.
19. Birthplace Mythysted, Wales
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Emma Wass, who is
related to this child as aunt
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears
in Item 4, above, that I am now 78 years of age, that I have known this person for 51 years, and that
Dr Adna Sherman who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 130, 1937 Session Laws.

Emma Wass
Malad City, Idaho Signature

P. O. Address

Subscribed and sworn to before me this 21st day of May, 19 42

(SEAL)

Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 19 1942 by Malad Registrar.

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-126-020-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348629**
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Elmore (b) City Rocky Bar
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery: about
IN THIS county 5 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Elmore Co.
(c) City Rocky Bar & Boise
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 30 about yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Boise

5. Date of Birth of Child
(Month, day, year) Feb. 26, 1891

4. FULL NAME OF CHILD William Snelling White

6. Sex male 7. Twin or Triplet No born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Greene White
11. Color White 12. Age at time of THIS birth 49 yrs.
13. Birthplace Odessa Missouri
(City or town) (State or foreign country)
14. Exact Occupation mining (Sheriff and later
15. Industry or Business Senator for Elmore Co.)

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Emma White
17. Color White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Jacksonville Oregon
(City or town) (State or foreign country)
20. Exact Occupation Home or house keeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of.....ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for forty five years, and that Mary Pearson who attended this birth deceased I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Pearson Whitson Signature
1315 7th Ave. P. O. Address
Penstemon, Ida.

Subscribed and sworn to before me this 17th day of June 1942
(SEAL) Manuel White Notary Public, residing at Penstemon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Registrar.

JUN 17 1954

JUN 30 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253719 022-249

349858

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Premont (b) City Parker
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
own home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Premont
(c) City Parker
(d) Street Address or R.F.D. No. same
(e) How long has MOTHER lived in Idaho? 1884 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vernon Logan Secrist

5. Date of Birth of Child
(Month, day, year) Nov 19 1891

6. Sex male 7. Twin or Triplet Tw If so—Born 1st, 2nd, 3rd

8. No. months of Pregnancy ✓ 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Heber Nephi Secrist
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Harrison Idaho
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Blouise Adelia Smith
17. Color White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Harrison Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House Wife & mother

22. Name prophylactic used to prevent Ophthalmia Neonatorum..... X

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at 6 P M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Effie Hewitt Miller, who is
related to this child as mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Premont } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 24 above, that I am now 64 years of age, that I have known this person for 51 years, and that Bone Wingas who attended this birth dece I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Secrist Miller Signature
St. Anthony, Idaho RD#2 P. O. Address

Subscribed and sworn to before me this 19th day of June, 1942.
(SEAL) Stiller Notary Public, residing at ST. ANTHONY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

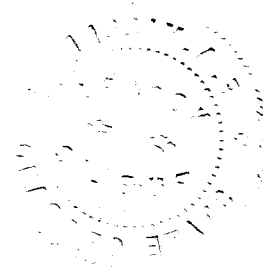
Received for filing on JUN 12 1942 by Marl E. Fisher Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-218022815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

350047
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Tremont (b) City Reynolds
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Own Residence
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years 6 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Tremont
(c) City Reynolds
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD

Paul Cahoon (Kinsley) name

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? L

FATHER OF CHILD

10. FULL NAME John Fairington Cahoon
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Coolville, Utah
(City or town) (State or foreign country)
14. Exact Occupation Brick Maker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Magdalena Hansen
17. Color American 18. Age at time of THIS birth 27 yrs.
19. Birthplace Murray Utah
(City or town) (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of California } ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 51 years, and that Mary Waltz, who attended this birth deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Magdalena H. Cahoon Signature
P. O. Address

Subscribed and sworn to before me this 24th day of June, 1942

(SEAL)

Herman B. Wolfe

Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

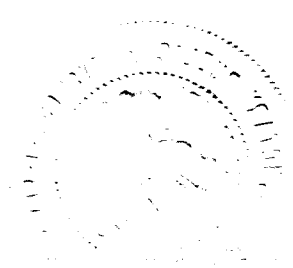
Received for filing on JUN 26 1942 by Mary E. Reiser, Registrar.

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



363-118008319

350161

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Long Valley</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Long Valley</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Albert Ione Cole</u>		5. Date of Birth of Child (Month, day, year) <u>Sept. 18, 1891</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Jerome Howard Cole</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Cass County, Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Henrietta Carpenter</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>21</u> yrs. 19. Birthplace <u>Atchison County, Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Oregon ss.
 County of Union

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 50 years, and that Nancy Cole (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henrietta Stockard (Formerly Henrietta Cole) Signature
222 Adams Avenue, La Grande, Ore. P. O. Address

Subscribed and sworn to before me this 27th day of June, 1942
 (SEAL) Aunetta Johnson Notary Public, residing at La Grande, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires 7/16/43

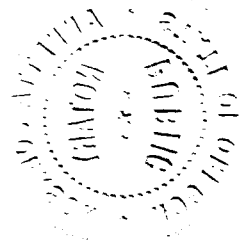
Received for filing on JUN 29 1942 by Mary E. Johnson Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243 230028 2/3

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350261**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County **Kootenai** (b) City **SAND POINT**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county **7** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State **IDAHO** (b) County **KOOTENAI**
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **7** yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

DORA ELLEN SULLIVAN

5. Date of Birth of Child

(Month, day, year) **MAY-30-1891**

6. Sex **FEMALE**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**

9. Legitimate? **YES**

FATHER OF CHILD

10. FULL NAME **JOHN THOMAS SULLIVAN**

11. Color **WHITE** 12. Age at time of THIS birth **38** yrs.

13. Birthplace **WAMKON IOWA**
(City or town) (State or foreign country)

14. Exact Occupation **CARD FOREMAN**

15. Industry or Business **NORTHERN PACIFIC RY.**

MOTHER OF CHILD

16. FULL MAIDEN NAME **MAHALIA JANE SALLEE**

17. Color **WHITE** 18. Age at time of THIS birth **24** yrs.

19. Birthplace **VAN SQUYER WASHINGTON**
(City or town) (State or foreign country)

20. Exact Occupation **HOUSEWIFE**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of **California** ss.
County of **LOS ANGELES**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now **74** years of age, that I have known this person for **50** years, and that

Mrs Baldwin who attended this birth **deceased** I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

*** Mahalia Jane Sullivan** Signature
1250 N. Cahuenga Bv. Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me this **27th** day of **June**, 19 **42**

(SEAL)

My Commission Expires Jan. 11, 1946

Notary Public, residing at **1531 N. Wilcox**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) **Los Angeles, Cal**

Received for filing on **JUN 29 1942**

by **Mary E. E. E.** Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

256-123029-385

350275

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Latah (b) City Palouse
(c) Street Address or R.F.D. No. RT. 2 # 3
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years 0 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Latah
(c) City
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Latah Idaho

4. FULL NAME OF CHILD Herbert Monroe Knox

6. Sex Male 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd

5. Date of Birth of Child October 23 1942
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse Monroe Knox
11. Color or Race white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Kansas City, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Lueisa Lynd
17. Color or Race white 18. Age at time of THIS birth 17 yrs.
19. Birthplace Washington, Kansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho ss.
County of Latah

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 50 50 years, and that Mrs. Mike Lewis who attended this birth deceased. I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Effie Lueisa Lynd Signature
P. O. Address

Subscribed and sworn to before me this 13 day of June
(SEAL) J. L. Stapleton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

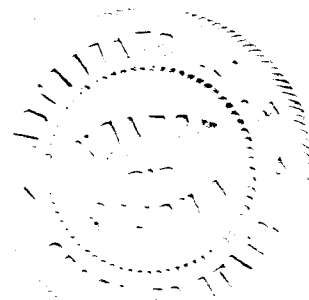
Received for filing on JUN 20 1942 by Mary E. [Signature] Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

334-119 030 556

350393

350393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 18 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City SALMON
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 18 yrs.
3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** PHILLIP HENRY CULLINAN
5. Date of Birth of Child
(Month, day, year) MARCH 19, 1891
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|--|--|
| 10. FULL NAME <u>MICHAEL CULLINAN</u> | 16. FULL MAIDEN NAME <u>MARY ANN NEWLEN</u> | | |
| 11. Color or Race <u>WHITE</u> | 17. Color or Race <u>WHITE</u> | 12. Age at time of THIS birth <u>44</u> yrs. | 18. Age at time of THIS birth <u>24</u> yrs. |
| 13. Birthplace <u>IRELAND</u>
(City or town) (State or foreign country) | 19. Birthplace <u>SPOKANE WASHINGTON</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>MINER</u> | 20. Exact Occupation <u>HOUSEWIFE</u> | | |
| 15. Industry or Business <u>MINING</u> | 21. Industry or Business <u> </u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
- State of IDAHO County of LEMHI } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FRIEND of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 51 years, and that Dr. George A. Kenney, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 30th day of JUNE, 1942.
(SEAL) Maurice C. McBride Notary Public, residing at SALMON, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-101, Idaho Code, annotated.)

Received for filing on JUL 2 1942 by Mary J. Elder Registrar.

JUL 2 1848

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

769-113 010 154

350524

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonniwille (b) City Idaho Falls
(c) Street Address or R.F.D. No. Eagle Rock St.
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonniwille
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Eagle Rock St.
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) Aug. 13, 1891

4. FULL NAME OF CHILD

Roy Gordon

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Gordon
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Scotland
(City or town) (State or foreign country)
14. Exact Occupation Section foreman for U.P. R.R.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Jemison
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Ontario, Canada
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of.....California.....ss.
County of.....Los Angeles.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Father.....of the person whose name appears in Item 4, above, that I am now.....79.....years of age, that I have known this person for.....50.....years, and that.....Mrs. Charles Stevens....., who attended this birth.....is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16 day of June, 19 42

(SEAL)

[Signature] Notary Public, residing at Long Beach, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
my commission expires Nov 7 1942

Received for filing on JUL 1 1942 by [Signature] Registrar.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 5 1952

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-227-007 719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350534**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>BLAINE</u> (b) City <u>CAREY</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>26</u> years / <u>1</u> months / <u>2</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>BLAINE</u> (c) City <u>CAREY</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>26</u> yrs.	
4. FULL NAME OF CHILD <u>Ethel Eunice Brooks</u>		3. RESIDENCE OF FATHER (city, state) <u>Carey IDAHO</u> 5. Date of Birth of Child (Month, day, year) <u>JAN 27th 1891</u>	
6. Sex <u>FEMALE</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes!</u>	
FATHER OF CHILD 10. FULL NAME <u>JAMES EDWARD BROOKS</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>FILLMORE UTAH</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>MARY EFFIE PARKER</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>BOUNTIFUL UTAH</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of IDAHO ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 51 years, and that Sarah Carey who attended this birth DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 1st day of July, 1942
(SEAL) W. H. Hennessey Notary Public, residing at Carey, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Mabel Hennessey Registrar.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236 116028-719

350570

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 11 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 2 1/2 yrs.

4. FULL NAME OF CHILD Milton Blanchard Stowe

3. RESIDENCE OF FATHER (city, state) Idaho
5. Date of Birth of Child May 16, 1891
(Month, day, year)

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Alansen Stowe
11. Color or Race white **12. Age at time of THIS birth** 25 yrs.
13. Birthplace Mapleton, Minn.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Isabelle Parsons
17. Color or Race white **18. Age at time of THIS birth** 21 yrs.
19. Birthplace Blairtown, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Washington **M.D.** Skagit **Midwife** **Address** **Date**
State of.....County of.....} ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....72.....years of age, that I have known this person for.....51.....years, and that.....Army Doctor....., who attended this birth.....is now deceased.....I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche I. Stowe Signature
Burlington, Washington P. O. Address

Subscribed and sworn to before me this 2nd day of July, 1942.
(SEAL) Alma Doran Notary Public, residing at Burlington
(Note: Perjury is punishable as perjury in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by Mabel Beal, Registrar.

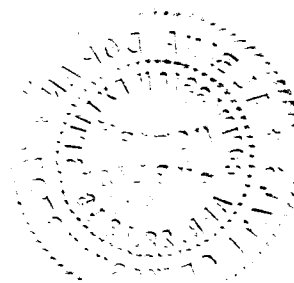
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350748**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Bingham** (b) City **Rexburg**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Bingham**
(c) City **Rexburg**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) **Rexburg, Idaho**
5. Date of Birth of Child
(Month, day, year) **Nov. 25, 1891**

4. **FULL NAME OF CHILD** **Eola Watkins**
7. Twin or Triplet
8. No. months of Pregnancy
9. Legitimate? **Yes**
If so—born 1st, 2nd, 3rd

FATHER OF CHILD
10. **FULL NAME** **Charles Nephi Watkins**
11. Color **White** 12. Age at time of THIS birth **36** yrs.
13. Birthplace **Staffordshire, England**
(City or town) (State or foreign country)
14. Exact Occupation **Professor in Schools**
15. Industry or Business **Education**

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **Billy Horsley**
17. Color **White** 18. Age at time of THIS birth **25** yrs.
19. Birthplace **Providence, Utah**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Homemaking**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of **Wyoming** County of **Lincoln** } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Sister** of the person whose name appears in Item 4, above, that I am now **54** years of age, that I have known this person for **50** years, and that I am **midwife**, who attended this birth **is now deceased**. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. James Clark Signature
Kemmerer, Wyoming P. O. Address

Subscribed and sworn to before me this **6** day of **July**, 19 **42**
(SEAL) **Annie Randleton** Clerk of Court
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public, residing at **Kemmerer, Wyo.**

Received for filing on **JUL 8 1942** by **Mary E. Hilders** Registrar.

JUL 1 1 1942

JUL 2 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

299-209 JUL 17 1942

350836

350836

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....

(e) Mother's stay BEFORE delivery:

IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

5. Date of Birth of Child
(Month, day, year) Nov. 9, 1891

4. FULL NAME OF CHILD Sidonia Rosalie Siron

6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Emil Siron
11. Color W. 12. Age at time of THIS birth 28 yrs.
13. Birthplace Landegem, Belgium
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Camilla Mary Sargent
17. Color W. 18. Age at time of THIS birth 24 yrs.
19. Birthplace Landegem, Belgium
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Ada ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 7 1/4 years of age, that I have known this person for 5 1/2 years, and that

Libby who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Commissioner of Health Mrs. Cornelia Siron Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of July, 1942
(SEAL) Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by Mary Elder Registrar.

JUL 17 1942

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

789-106-039-363

350946

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City Neelley
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Scholar (b) County Power
(c) City Neelley
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 11 yrs.

4. **FULL NAME OF CHILD** John Vernon Christensen

3. **RESIDENCE OF FATHER** (city, state) Neelley, Ida.
5. Date of Birth of Child
(Month, day, year) March 6th 1891

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John Christensen
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Born in Denmark
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Annie Casandria Albert
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Ogden Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not to my knowledge
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 22

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....51.....years, and that Mrs. Cynthia Walker, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth S Woodland Signature
Route #1, North, Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 3rd day of July, 19 42
(SEAL) Grace B. Bistline Notary Public, residing at Pocatello, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Maud Neelley Registrar.

348026

JUL 14 1942

NOV 21 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433125035 295

352677

United States

Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County NEZ PERCE (b) City CAMERON

(c) Street Address or R.F.D. No.....

(d) Name of Hospital or Maternity Home:
at home

(e) Mother's stay BEFORE delivery:

IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County NEZ PERCE

(c) City CAMERON

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

5. Date of Birth of Child

(Month, day, year) April 25, 1891

4. FULL NAME OF CHILD HOWARD UTER

6. Sex MALE 7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME EDWARD UTER

11. Color WHITE 12. Age at time
or Race of THIS birth 18 yrs.

13. Birthplace Williamsburg, Iowa
(City or town) (State or foreign country)

14. Exact Occupation CARPENTER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MINNIE KING

17. Color WHITE 18. Age at time
or Race of THIS birth 17 yrs.

19. Birthplace WILLIAMSBURG, IOWA
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2 a M. on the date
(Born alive, stillborn)

and at the place stated above and that personal particulars were furnished by ESTELLA LEITH, who is
related to this child as mother
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature E. E. Hatto

M.D.
Midwife

Address

Gifford Ida

Date 7-13-1941

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears
in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that
(First name) (Last name) (Is now deceased) or (Cannot be located)

....., who attended this birth..... I further state that
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942

by

Marj E. E. Hatto

Registrar.

JUL 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

491-126029515

352701

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born at Home of parents
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Elbridge Francis Drake

5. Date of Birth of Child
(Month, day, year) Aug. 26, 1891

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Warren Haden Drake
11. Color White 12. Age at time of THIS birth 52 yrs.
13. Birthplace New York City, N.Y.
(City or town) (State or foreign country)
14. Exact Occupation Freighter & Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Paradine Wankoyk
17. Color White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Peoria, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....5 (b) Born alive and now living.....3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Oregon
County of Multnomah ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 50 years, and that Dr. Justice, who attended this birth....., I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Sylvia Pearl Walker
7117 N.E. Hancock Ave., Portland, Oregon
Signature Address

Subscribed and sworn to before me this 16th day of July, 1942

(SEAL) Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated Comm. Exp. 1/30/43)

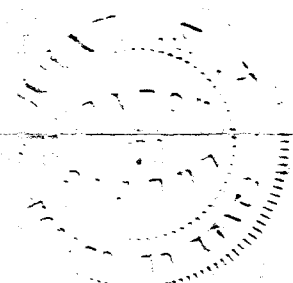
Received for filing on JUL 24 1942 by....., Registrar.

JUL 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366-124036-215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352733**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oreida (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 2 years months 12 days

4. FULL NAME OF CHILD

Arthur William Lowe

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

10. FULL NAME

William Galloway Lowe

11. Color white 12. Age at time of THIS birth 24 yrs.

13. Birthplace Franklin Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oreida

(c) City Franklin

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Franklin Idaho

5. Date of Birth of Child

(Month, day, year) Feb. 24-1891

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

16. FULL MAIDEN NAME

Adelaide Sant

17. Color white 18. Age at time of THIS birth 21 yrs.

19. Birthplace Clifton Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of California }
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 51 years, and that

Mary Hawks who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23 day of July, 1942

(SEAL)

Adelaide Louise Pedersen Signature
2129 River St. Campton Calif. P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Aurelia Greenwell Notary Public, residing at 517 E. Campton Blvd
My Commission Expires May 10, 1944

Received for filing on

JUL 27 1942

by

Mary Elder

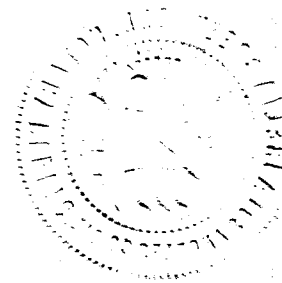
Registrar.

JUL 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

258 218006 215

352936

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. -----
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 10 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. -----
(e) How long has MOTHER lived in Idaho? 10 months
3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida

4. **FULL NAME OF CHILD** Beulah Bertha Behle
5. Date of Birth of Child
(Month, day, year) Feb. 18, 1891
6. Sex female 7. Twin or Triplet ----- If so—born 1st, 2nd, 3rd ----- 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** William Henry Behle
11. Color white 12. Age at time of THIS birth 49 yrs.
or Race -----
13. Birthplace Westphalen, Prussia
(City or town) (State or foreign country)
14. Exact Occupation Physician and Surgeon
15. Industry or Business -----
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Anna Bantly
17. Color white 18. Age at time of THIS birth 32 yrs.
or Race -----
19. Birthplace Dubuque, Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ----- at ----- M. on the date -----
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by -----, who is related to this child as -----
(First name) (Last name)

25. Attendant's **OWN** signature ----- M.D. ----- Address ----- Date -----
Midwife -----
- State of Idaho County of Canyon } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 84 years of age, that I have known this person for 51 years, and that Dr. William Henry Behle is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Behle Signature
316- 8th Ave So. Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of July, 1942
(SEAL) Frank H. Hink Notary Public, residing at Nampa, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

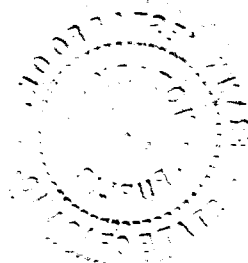
Received for filing on JUL 31 1942 by Mabel H. Hink Registrar.

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

213 121001-7418

DELAYED

353005

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353005**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 7th and Bannock
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 7th and Bannock
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Delbert Bates
5. Date of Birth of Child (Month, day, year) 1-21-1891
6. Sex Male 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** C. T. Bates
11. Color or Race white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation meat cutter
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emma Guyer
17. Color or Race white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife Address _____ Date _____

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 51 years, and that Dr. Hailey, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matthe Bates Gould Signature
R# 3 Boise, Ida. P. O. Address

Subscribed and sworn to before me this 10th day of August, 19 42.
(SEAL) Betty F. Knight Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mary E. Edgar, Registrar.

AUG 10 1942

DELAYED STAMP ADDED TO CERTIFICATE FACE 09/03/2021 AJT

AUG 12 1942

APR 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386 124 008 -413

353056

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Center P O</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>Mrs JJA Macom</u> (e) Mother's stay BEFORE delivery: IN THIS county / years <u>9</u> months <u>21</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Center P O</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>1 year 21 days</u>	
4. FULL NAME OF CHILD <u>Charley Smith Thompson</u>		5. Date of Birth of Child (Month, day, year) <u>aug 21 - 1891</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>9</u>	
FATHER OF CHILD 10. FULL NAME <u>John Howard Thompson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>Not known Oregon</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Common laborer</u> 15. Industry or Business <u>Now deceased</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Maranda Rosa Macom</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>20 1 month</u> yrs. 19. Birthplace <u>Not known Arkansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Rosa Nordstrom, who is related to this child as his mother (Mother, etc.)

25. Attendant's OWN signature Deceased **M.D.** _____ **Address** deceased long ago **Date** _____

State of Oregon County of Boise } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 51 years, and that Maranda Rosa Macom Thompson Nordstrom who attended this birth not deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Maranda Rosa Macom Thompson Nordstrom Signature

Cottage Grove Oregon P. O. Address
Subscribed and sworn to before me this 27th day of July, 1942

(SEAL) [Signature] Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on 7/30/42 1942 by Mabel Beeler Registrar.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

191 110 006 - 331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **353138**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Taylor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Taylor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 56 yrs.

4. FULL NAME OF CHILD

Nelson Earl Crave

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) same

5. Date of Birth of Child (Month, day, year) June 10, 1891

FATHER OF CHILD

10. FULL NAME William Alma Crave
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Ogden Utah (city or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Clark
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Bonanza Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related to this child as (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of IDAHO }
County of BONNEVILLE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 51 years, and that ANN HARDY (First name) (Last name) who attended this birth. DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Crave Signature

P. O. Address

Subscribed and sworn to before me this 3rd day of July, 1942

(SEAL)

Notary Public, residing at Idaho Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1942 by [Signature] Registrar.

JAN 16 1970

OCT 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

499 J27 022 962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

358204
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Driggs
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born in residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 3 months 15 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Driggs
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state) Driggs, Idaho

4. **FULL NAME OF CHILD.** Louis Lynne Driggs
5. Date of Birth of Child Sept. 27, 1891
(Month, day, year)
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|---------------------------------------|--|
| 10. FULL NAME <u>Don Carlos Driggs</u> | 16. FULL MAIDEN NAME <u>May Robison</u> | 17. Color <u>White</u> | 18. Age at time of THIS birth <u>25</u> yrs. |
| 11. Birthplace <u>Pleasant Grove, Utah</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Pleasant Grove, Utah</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Housewife</u> | 21. Industry or Business <u> </u> |
| 12. Age at time of THIS birth <u>27</u> yrs. | | | |
| 13. Exact Occupation <u>Merchant and Stockman</u> | | | |
| 14. Industry or Business <u> </u> | | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Arizona M.D. Address Date
State of Maricopa County of } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....75.....years of age, that I have known this person for.....50.....years, and that Mrs. Eynon....., who attended this birth.....is now deceased.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires May 3, 1946
Subscribed and sworn to before me this 22nd day of June, 1942
(SEAL) Notary Public, residing at Phoenix, Ariz.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)
Signature May Robison Driggs
463 Kimball St., Mesa, Arizona
P. O. Address

Received for filing on AUG 5 1942 by , Registrar.

SEP 27 1963

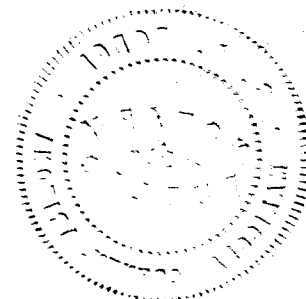
AUG 7 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249204017 415

353251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Clark</u> (b) City <u>Beaver Canyon</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Born in home</u> (e) Mother's stay BEFORE delivery: <u>5</u> years <u>0</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Clark</u> (c) City <u>Beaver Canyon</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Same</u>		

4. FULL NAME OF CHILD <u>Sarah Jane Smith</u>	5. Date of Birth of Child (Month, day, year) <u>July 4, 1891</u>
6. Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Hiram R. Smith</u>	16. FULL MAIDEN NAME <u>Surpta S. Davis</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>		
12. Age at time of THIS birth <u>31</u> yrs.	18. Age at time of THIS birth <u>34</u> yrs.		
13. Birthplace <u>Paradise, Utah, U. S. A.</u> (City or town) (State or foreign country)	19. Birthplace <u>Paradise, Utah, U. S. A.</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Faller</u>	20. Exact Occupation <u>House wife</u>		
15. Industry or Business <u>Timberman</u>	21. Industry or Business <u>Home</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for 51 years, and that Old woman attended believe name was Stoddard who attended this birth must be dead I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Smith Wittnebel Signature
4327 N. Kirby Avenue, Portland, Oregon P. O. Address

Subscribed and sworn to before me this 3rd day of August, 1942
(SEAL) Lawrence L. Smith Notary Public, residing at Portland, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Multnomah County

Received for filing on AUG 6 1942 by Martha Smith Registrar.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

731-125 029 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **353261**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Kendrick</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: IN THIS county years <u>7</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Kendrick</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>7 mos. yrs.</u>	
4. FULL NAME OF CHILD <u>Roy Lorenzo Slate</u>		5. Date of Birth of Child (Month, day, year) <u>12-25-1891</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Ellsworth Slate</u>		16. FULL MAIDEN NAME <u>Jessie Rebelle Davis</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>29</u> yrs.		18. Age at time of THIS birth <u>23</u> yrs.	
13. Birthplace (City or town) <u>Iowa</u> (State or foreign country)		19. Birthplace (City or town) <u>Oregon</u> (State or foreign country)	
14. Exact Occupation <u>Carpenter</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Building business</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of King

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 50 years, and that Dr. Justis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Miss Jessie Rebelle Slate Signature
1014 East 25th, Seattle, Wn. P. O. Address

Subscribed and sworn to before me this 3rd day of August, 1941

(SEAL) W. J. [Signature] Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by Mary E. [Signature], Registrar.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-224 021 213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

353354
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years 13 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 mo

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Lucile Sore Thompson

5. Date of Birth of Child

(Month, day, year) Dec 24 - 1891

6. Sex

Female

7. Twin or Triplet

13 months

8. No. months of Pregnancy

9

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL NAME

Charles Frederick Thompson

11. Color or Race

White

12. Age at time of THIS birth

32 yrs

13. Birthplace

Michigan City - Indiana

14. Exact Occupation

Agent Telegrapher

15. Industry or Business

Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME

Lillian May Bates

17. Color or Race

White

18. Age at time of THIS birth

21 yrs

19. Birthplace

Lynon Illinois

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of MISSOURI
County of JACKSON

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 50 years, and that Alice Willard Thompson who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires Feb. 19, 1945

Mrs. Minnie McDonald Signature
8827 Anderson - Kansas City, Mo. P. O. Address

Subscribed and sworn to before me this 3 day of August, 1942

(SEAL)

Alfred N. Fraas Notary Public, residing at Kansas City, Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by Mabel K. [Signature] Registrar.

AUG 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719 222016 997

353358

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Malta</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Malta</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>11</u> yrs.	
4. FULL NAME OF CHILD <u>SARAH MARGARET PARKE</u>		5. Date of Birth of Child (Month, day, year) <u>May 22, 1891</u>	
6. Sex <u>female</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>nine</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>WILLIAM HENRY PARKE</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace <u>Bountiful, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Rancher</u> 15. Industry or Business <u>Sheep raiser</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>MARY LUCINDA RIGBY CAPENER PARKE</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Salt Lake City Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>8</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....**M.D.**.....**Address**.....**Date**.....
State of CALIFORNIA } ss.
County of LOS ANGELES }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 51 years, and that I do not know who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Sarah A. Hess Signature
3823 Tampico Avenue, Los Angeles, Calif. Address
August 1942

Subscribed and sworn to before me this 4th day of August, 1942
(SEAL) Mary Jorgensen Notary Public, residing at Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by Mabel Beeler Registrar.

ADG 13 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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169 127 066-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353380**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Heber Moroni Jorgensen (Georgeson)
5. Date of Birth of Child (Month, day, year) Oct. 27, 1891

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 7th
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Neils Jorgensen (George son)
11. Color White 12. Age at time of THIS birth 57 yrs.
13. Birthplace Hosker Job, Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farmer, Cattle raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mette Catherine Jensen
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Silkeborg, Denmark
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7, (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Franklin

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 50 years, and that Jane Howell who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mette Catherine Jensen Signature
Dayton, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of July, 1942
(SEAL) Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by [Signature] Registrar.

AUG 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314 201028 255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

353415

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Sand Point</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county years <u>7</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Sand Point</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>7 months</u>	
4. FULL NAME OF CHILD <u>Mary Alice Campbell</u>		5. Date of Birth of Child (Month, day, year) <u>Feb 1 - 1891</u>	
6. Sex <u>female</u> 7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>James H. Campbell</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>Ames River Wisconsin</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Bertha C. Kennedy</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Nowaday Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Washington }
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 51 years, and that Anna Graves and Mary Graves, who attended this birth are now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before this 6th day of August, 1942.
(SEAL) Paul Snyder Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

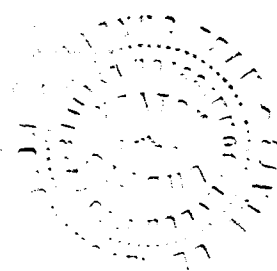
Received for filing on AUG 10 1942 by Mabel J. Ebersole, Registrar.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

179-117,029-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **353568**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>MOSCOW</u> (c) Street Address or R.F.D. No. <u>on farm</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county</u> <u>13</u> years <u>X</u> months <u>X</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>MOSCOW</u> (d) Street Address or R.F.D. No. <u>on farm</u> (e) How long has MOTHER lived in Idaho? <u>13</u> yrs.	
4. FULL NAME OF CHILD <u>Harry Agrell</u>		5. Date of Birth of Child (Month, day, year) <u>12-17-1891</u>	
6. Sex <u>male</u> 7. Twin or Triplet <u>no</u> If so—born <u>no</u> 1st, 2nd, 3rd <u>no</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Nels L. Agrell</u> 11. Color <u>white</u> 12. Age at time <u>25</u> or Race <u>of THIS birth</u> yrs. 13. Birthplace <u>Tonnarp</u> <u>Sweeden</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business <u>farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ida J. Holm</u> 17. Color <u>white</u> 18. Age at time <u>18</u> or Race <u>of THIS birth</u> yrs. 19. Birthplace <u>Nappa City</u> <u>Calif.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>keeping house</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>no</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 51 years, and that Dr. Linguist, who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Nels L. Agrell
Lewiston, Idaho 1338-F-Street P. O. Address

Subscribed and sworn to before me this 5th day of August, 1942

(SEAL)

C. P. Hinkle

Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 13 1942 by M. J. [Signature], Registrar.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-228-003-468

353584

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Jehn Wallace Woodall
5. Date of Birth of Child
(Month, day, year) May 28, 1891
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Christopher T. Woodall
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Kansas City Missouri
(City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Cattle

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ellen Doyle Woodall
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Oseola, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 7..... (b) Born alive and now living 7.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Dr. Hoover Idaho Idaho

State of Idaho
County of Carriger } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 51 years, and that
(Mother, etc.)
Dr. Hoover who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 17th day of August, 19 42

(SEAL)

Notary Public, residing at Soda Springs, Idaho.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 14 1942 by Marj E. E. E. Registrar.

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 3 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot Ida

4. FULL NAME OF CHILD

Nathaniel Bingham

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Monroe Bingham
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace.....
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Delia Jane Adams
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace.....
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Oregon ss.
County of Jackson

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 50 years, and that I don't remember name of Dr....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness me to record
#803 McAndrews Road, Medford, Oregon P. O. Address
Subscribed and sworn to before me this 23rd day of July, 1942
Signature Delia Jane Adams
Notary Public, residing at Medford, Oregon

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

AUG 14 1942

by

Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

dup of 1891-DS4-34

DELAYED
B0714

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

353745

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Rexburg (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay **BEFORE** delivery: 1 years 1 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Caroline Trost 5. Date of Birth of Child (Month, day, year) Aug. 15, 1891

6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Christian P. Trost</u>	16. FULL MAIDEN NAME <u>Caroline Roser</u>	17. Color <u>white</u>	18. Age at time of THIS birth <u>24</u> yrs.
11. Color <u>white</u>	12. Age at time of THIS birth <u>32</u> yrs.	19. Birthplace <u>Germany</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>
13. Birthplace <u>Germany</u> (City or town) (State or foreign country)	21. Industry or Business <u>Farming</u>	21. Industry or Business <u>Farming</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Madison }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 51 years, and that Grandma Walz who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Caroline Trost Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of August, 19 42

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public, residing at Rexburg, Idaho

Received for filing on AUG 17 1942 by Mabel J. Peters, Registrar.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Vital Statistics for the purposes and uses prescribed in Section 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian of some person having direct knowledge in the premises.

312-122-075-365

353811

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. _____

Registrar's No. _____

State of Idaho

1. PLACE OF BIRTH: (a) County <u>Nez Perce</u> (b) City or town <u>Sweetwater (Rural)</u> <small>(If outside city or town limits, write RURAL)</small> (c) Name of hospital or institution: <u>at home</u> <small>(If not in hospital or institution, give street number or location)</small> (d) Mother's stay before delivery: In hospital or institution _____ In this community <u>6 yrs.</u> <small>(Specify whether years, months, or days)</small>			2. USUAL RESIDENCE OF MOTHER: (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City or town <u>Sweetwater (Rural)</u> <small>(If outside city or town limits, write RURAL)</small> (d) Street No. <u>Webb Creek</u> <small>(If rural, give location)</small>		
3. Full name of child <u>John Tababoo</u>			4. Date of birth <u>5-22-91</u> <small>(Month) (Day) (Year)</small>		
5. Sex: <u>Male</u>	6. Twin or triplet _____	If so—born 1st, 2d, or 3d _____	7. Number months of pregnancy <u>9</u>	8. Is mother married? <u>yes</u>	
FATHER OF CHILD 9. Full name <u>Curry Tababoo</u> 10. Color or race <u>Indian</u> 11. Age at time of this birth <u>28</u> yrs. 12. Birthplace <u>Southeastern Washington</u> <small>(City, town, or county) (State or foreign country)</small> 13. Usual occupation <u>Farmer</u> 14. Industry or business <u>Agri.</u>			MOTHER OF CHILD 15. Full maiden name <u>Toe-nah-we-wikt</u> 16. Color or race <u>Indian</u> 17. Age at time of this birth <u>21</u> yrs. 18. Birthplace <u>Goldendale Washington</u> <small>(City, town, or county) (State or foreign country)</small> 19. Usual occupation <u>Housewife</u> 20. Industry or business _____		
21. Children born to this mother: (a) How many other children of this mother are now living? <u>1</u> (b) How many other children were born alive but are now dead? <u>1</u> (c) How many children were born dead? <u>0</u>			22. Mother's mailing address for registration notice: <u>Delayed certificate (Now deceased)</u>		
23. I hereby certify that I attended the birth of this child who was born alive at the hour of _____ m. on the date above stated and that the information given was furnished by <u>Jim Doolittle</u> related to this child as <u>Uncle</u> <u>HIS BIRTH</u>					
24. Date received by local registrar <u>Aug 19 1942</u>			Attendant's own signature <u>Jim Doolittle</u>		
25. Registrar's own signature _____			M. D., midwife, or other <u>Uncle</u> Date signed <u>8-17-42</u>		
26. Date on which given name added _____ by _____ <small>(Registrar)</small>			Address <u>Lapwai, Idaho</u>		

8-6916

U. S. GOVERNMENT PRINTING OFFICE 16-13492

THOMAS MARY

This is to certify that the information furnished above is a correct and true transcript as taken from the Official Records of the Northern Idaho Agency, and from information furnished by Jim Doolittle the 1/2 uncle of John Tababoo. Certified this 17th day of August, 1942.

A. G. Wilson
 A. G. Wilson
 Superintendent

AUG 21 1942

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353824**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Gem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone
(c) City Gem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mo. yrs.

3. RESIDENCE OF FATHER (city, state) 1 yr

4. FULL NAME OF CHILD Anna Jane Hicks

5. Date of Birth of Child (Month, day, year) Aug 15 1891

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Hicks
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Corwall England (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Penrose
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Corwall England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Idaho County of Shoshone } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 51 years, and that Minnie E. Leggett who attended this birth was then married to her I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maria E. Leggett Signature
Wallace Idaho P. O. Address

Subscribed and sworn to before me this 14 day of August, 1942
(SEAL) Ray J. Dickman Notary Public, residing at Wallace
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 18 1942 by Mary E. Leeder, Registrar.

AUG 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695 223035 392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

355047
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nazperce (b) City Lewiston
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nazperce
(c) City Lewiston
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Asotin Wash

4. FULL NAME OF CHILD

Clara Etta Wren

5. Date of Birth of Child

(Month, day, year) June 23-1891

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. Name John Larkin Wren
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Asotin (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Elsie Wren
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Lewiston (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Washington ss.
County of Asotin

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 51 years, and that Mrs. Martha E. Wren, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23 day of June, 1942

(SEAL)

Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)


Received for filing on AUG 24 1942 by Marl E. Egan, Registrar.

40237
AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

165-104016-791

355078

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Rock Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county X years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia Co.
(c) City Rock Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? over 60 yrs.

3. RESIDENCE OF FATHER (city, state) Rock Creek Idaho

4. FULL NAME OF CHILD

William Perry Jones

6. Sex male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Sept. 4 1941

8. No. months of Pregnancy 9mo 9. Legitimate? X

FATHER OF CHILD

10. FULL NAME William Henry Jones
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation Stock man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elmorth Gray
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Missoula, Montana
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Twin Falls ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the eldest sister of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 51 years, and that Mrs Lawrence Hansen who attended this birth. deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Mrs Cora L Mc Intire Signature

Kimberly P. O. Address

Subscribed and sworn to before me this 21 day of August, 1941

F H Slack Notary Public, residing at Twin Falls
(Note: Perjury is punished as a felony in Idaho; see Sec. 17-914 Idaho Code annotated.)

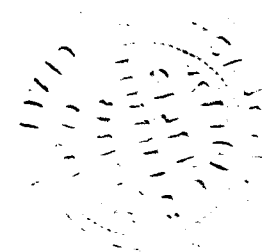
Received for filing on AUG 25 1942 by Mary E. Blum Registrar.

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355405
Local Reg. No. 123
Reg. Dist. No. 3330

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Payette
(c) Street Address or R.F.D. No. Lover's Lane
(d) Name of Hospital or Maternity Home:
Place of birth was Ada, then Canyon
(e) Mother's stay BEFORE delivery: now Payette County How long has MOTHER lived in Idaho? 7 yrs.
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City (Boomerang) now Payette
(d) Street Address or R.F.D. No. Lover's Lane

4. FULL NAME OF CHILD Thomas Henry Ireton

5. Date of Birth of Child (Month, day, year) June 10, 1891

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME William Ireton
11. Color white 12. Age at time of THIS birth. 47 yrs.
or Race Ireland
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

16. FULL MAIDEN NAME Clara Adell Case
17. Color white 18. Age at time of THIS birth 27 yrs.
or Race Henry Co., Illinois
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for since birth years, and that now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X William J Case Signature
Payette, Idaho. P. O. Address

Subscribed and sworn to before me this 28th day of August, 1942

(SEAL)

Alice Bulmer City Clerk Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

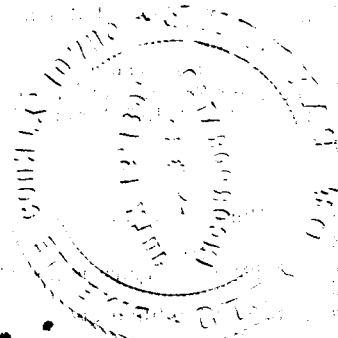
Received for filing on August 28, 1942 by J.C. Wood Registrar.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

995-117.015-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

355450

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Caribou</u> (b) City <u>Soda Springs</u> (c) Street Address or R.F.D. No. <u>R.F.D.</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>3.5</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Caribou</u> (c) City <u>Soda Springs</u> (d) Street Address or R.F.D. No.: (e) How long has MOTHER lived in Idaho? <u>35</u> yrs.	
4. FULL NAME OF CHILD <u>Albert Nephi Rinehart</u>		5. Date of Birth of Child (Month, day, year) <u>11 m 17th 1891</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. If so—born 1st, 2nd, 3rd <u>5th</u>	9. No. months of Pregnancy <u>9 mo</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Henry Fredrick Rinehart</u>	16. FULL MAIDEN NAME <u>Hannah Louise Bennett</u>		
11. Color or Race <u>White</u>	12. Age at time of THIS birth yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>30</u> yrs.
13. Birthplace <u>Jackson Co. Iowa</u> (City or town) (State or foreign country)	19. Birthplace <u>Kansas</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>House wife</u>		
15. Industry or Business	21. Industry or Business		
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>8</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN signature** _____ M.D. _____ Midwife _____ Address _____ Date _____

State of Idaho }
County of Payson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4 above, that I am now 37 years of age, that I have known this person for 5-1 years, and that Anna Rinehart, who attended this birth is dead I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John B. Rinehart Signature
Payson, Idaho P. O. Address

Subscribed and sworn to before me this 1 day of September 1942

(SEAL)

Notary Public, residing at Payson, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mabel Beeler, Registrar.

SEP 3 1942

SEP 5

1942

DELAYED REGISTRATION LAW.

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin, or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

355497

SEP 4 1942

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Oakley</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home residence</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Oakley</u> (d) Street Address or R.F.D. No. <u>Water Street</u> (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Earl Ellis Gee (me gee)</u>		5. Date of Birth of Child (Month, day, year) <u>2/15/91</u>	
6. Sex <u>male</u> 7. Twin or Triplet <u>✓</u> If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Crestin Gee</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Joel Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Phoebe Ann Bates</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Joel Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 51 years, and that Sarah Bates, who attended this birth now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena H. Hazeltine Signature
Hamper Idaho P. O. Address
Subscribed and sworn to before me this 3 day of Sept. 1942
(SEAL) Notary Public Notary Public, residing at Hamper Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by Mari H. Hester Registrar.

SEP 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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996-1241040-419 SEP 15 1942 355566 355566

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Salmon Meadows
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: _____
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County _____
(c) City new Salmon Meadows
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Robert William Irwin 5. Date of Birth of Child _____
(Month, day, year) June 24, 1891

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy nine Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Isaac Franklin Irwin 16. FULL MAIDEN NAME Rena Belle Marksberry
11. Color White 12. Age at time of THIS birth 30 yrs. 17. Color White 18. Age at time of THIS birth 24 yrs.
13. Birthplace Indiana (City or town) (State or foreign country) 19. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Miner 20. Exact Occupation House wife
15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____
Midwife Address _____ Date _____

State of Idaho } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the eldest of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 51 years, and that Sarah Everts Irwin, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature _____ P. O. Address _____
B. M. Clary _____
Riggins Idaho _____
September 1942 _____

Subscribed and sworn to before me this _____ day of _____, 1942
(SEAL) John H. Clary Notary Public, residing at Riggins Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 7914, Idaho Code Annotated.)

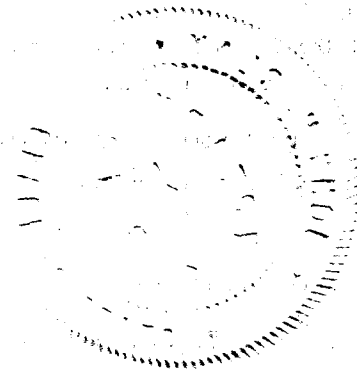
Received for filing on _____ SEP 15 1942 _____, Registrar.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



367-227-029-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 355800
Local Reg. No.
Reg. Dist. No.

SEP 11 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth) *Idaho*
(a) County *Latah* (b) City *Moscow*
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State *Idaho* (b) County *Boone*
(c) City *Moscow* *Latah*
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

4. **FULL NAME OF CHILD** *Alpha Mae Copp*
6. Sex *female* 7. Twin or Triplet *—* If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) *Moscow Idaho*
5. Date of Birth of Child (Month, day, year) *July 27, 1891*
8. No. months of Pregnancy 9. Legitimate? *Yes*

FATHER OF CHILD
10. **FULL NAME** *George J. Copp*
11. Color *white* 12. Age at time of THIS birth *28* yrs.
13. Birthplace *Herman, Missouri*
(City or town) (State or foreign country)
14. Exact Occupation *farmer*
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** *Helen Molley Klein*
17. Color *white* 18. Age at time of THIS birth *22* yrs.
19. Birthplace *Murray, Iowa*
(City or town) (State or foreign country)
20. Exact Occupation *housewife*
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child... (b) Born alive and now living... 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was *alive* at *—* M. on the date *—* and at the place stated above, and that personal particulars were furnished by *Lizzie Fritz*, who is related to this child as *Aunt*.
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature *Lizzie Fritz* M.D. Midwife Address *Omida S. Dak* Date *8/15/1942*
State of *South Dakota* County of *Sully*

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the *Aunt* of the person whose name appears in Item 4, above, that I am now *71* years of age, that I have known this person for *all her life* years, and that *Lizzie Fritz* who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie Fritz Signature
Omida S. Dak P. O. Address
Subscribed and sworn to before me this *15th* day of *August* 19 *42*
(SEAL) *Clerk of Courts Sully Co. S.D.* Notary Public, residing at *Omida S.D.*
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

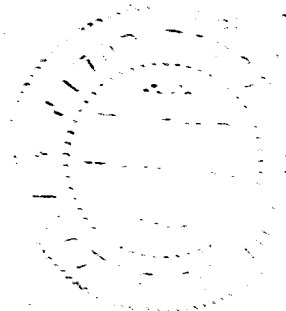
Received for filing on *SEP 11 1942* by *Marj Beesler* Registrar.

SEP 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689 125022-215

357305

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 24 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

James Mathew Whitaker

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 1

FATHER OF CHILD

10. FULL NAME Henry Marion Whitaker
11. Color White 12. Age at time of THIS birth 29 yrs.
or Race Willard Ogden Utah
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Ranching and cattle
15. Industry or Business Ranching and cattle

5. Date of Birth of Child
(Month, day, year) June 25-1891

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola E. Savage
17. Color White 18. Age at time of THIS birth About 24 yrs.
or Race Willard Utah
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Hosewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the not related of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 52 years, and that

Mrs. Fox (First name) (Last name), who attended this birth is now deceased I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. I was present when this person was born.

Signature
George H. Perry
Rigby-2, Idaho. P. O. Address

Subscribed and sworn to before me this 19 day of September, 19 42

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Rigby, Idaho

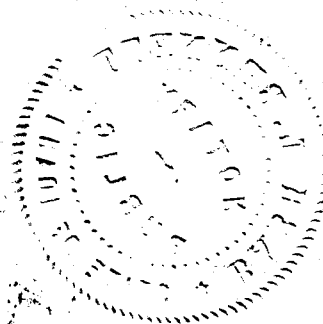
Received for filing on SEP 24 1942 by Mary J. Bell, Registrar.

SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



793 118 029 243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **357341**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Kendrick.....
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home.
(e) Mother's stay **BEFORE** delivery:
IN THIS county One years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah.
(c) City Kendrick.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? One yrs.
3. **RESIDENCE OF FATHER** (city, state) Kendrick, Idaho

4. **FULL NAME OF CHILD** Pyrl Lee Gilliland.
6. Sex Male. 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) June 18, 1891.

8. No. months of Pregnancy 9. 9. Legitimate? Yes.

FATHER OF CHILD
10. **FULL NAME** James Nelson Gilliland.
11. Color White. 12. Age at time of THIS birth 34 yrs.
13. Birthplace Not Known Iowa.
(City or town) (State or foreign country)
14. Exact Occupation Teamster.
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Ceola Buckmaster.
17. Color White. 18. Age at time of THIS birth 22 yrs.
19. Birthplace Missouri.
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasat.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Oklahoma
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for all his life, and that Mary Gilliland who attended this birth deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. H. G. Hendricks
Signature
Watonga, Oklahoma P. O. Address

Subscribed and sworn to before me this 5th day of July, 1942
(SEAL)

My Comm. Expires Dec. 31, 1942. Notary Public, residing at Watonga, Okla
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, amended)

Received for filing on SEP 24 1942 by Mary J. Baker Registrar.

SEP 29 1942

DELAYED REGISTRATION' LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

by _____, Registrar.

SEP 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-127029-259
United States (Be sure the information is as of date of birth of THIS child) State File No. **357530**
Department of Commerce **SEP 29 1942** **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census **STATE OF IDAHO** Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow, Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? .. yrs.

3. **RESIDENCE OF FATHER** (city, state) ..
5. Date of Birth of Child Dec 27, 1891
(Month, day, year) ..
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Harvey Douglas Johnson
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Pike Co. Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ..

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Margaret Rosenia Kern
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace St. Louis, Mo (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business ..

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living ..

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 50 years, and that who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harrison Johnson Signature
Grangeville, Idaho P. O. Address
Subscribed and sworn to before me this 24th day of September, 1942.
(SEAL) [Signature] Notary Public, residing at Grangeville,
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-4, Idaho Code Annotated.) Idaho

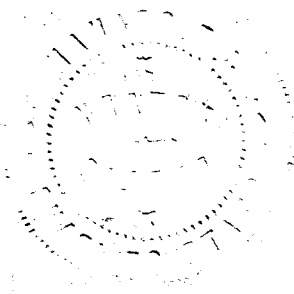
Received for filing on **SEP 29 1942** by [Signature] Registrar.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 36, ~~Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

759 224 030-7A

357615

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lemhigh (b) City Nichola
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lemhigh
(c) City Nichola
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Lemhigh, Ida.

4. FULL NAME OF CHILD

SADIE JANE PERKINS

6. Sex female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

5th

8. No. months
of Pregnancy

9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year)

11-24-91

FATHER OF CHILD

10. FULL NAME Charles Augusta Perkins

11. Color or Race white 12. Age at time
of THIS birth 43 yrs.

13. Birthplace Council Bluffs, Iowa
(City or town) (State or foreign country)

14. Exact
Occupation farmer

15. Industry or
Business farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Hulda Park

17. Color or Race white 18. Age at time
of THIS birth 35 yrs.

19. Birthplace (?) Utah
(City or town) (State or foreign country)

20. Exact
Occupation housewife

21. Industry or
Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of California
County of Los Angeles ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 50 years, and that Jane Perkins, who attended this birth, is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29th day of September 1991

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, enacted May 21, 1986)

Received for filing on

OCT 2 1942

by

John J. Perkins Signature
1421 N. 90th Place Los Angeles Address
Albert M. Butler Notary Public, residing at Los Angeles
Marjorie E. Butler Registrar.

210700
OCT 5

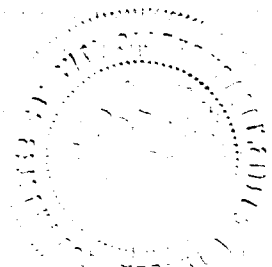
1942

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

449-226003 852
United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census
OCT 7 - 1942
357759
State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock Co. (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Jessie Adelia Murphy
5. Date of Birth of Child (Month, day, year) July 26, 1891

6. Sex Female 7. Twin or Triplet Triplet 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Frank Harbison Murphy
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Irwin Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Addie Maud Chubb
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Vernon Co. Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was born at Irwin, Pa. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Dr. H. H. H. H., who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Dr. H. H. H. H. M.D. Midwife Address Date
State of California County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.
I, the undersigned, being first duly sworn, say that I am the Dr. H. H. H. H. of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 5 years, and that Dr. H. H. H. H. who attended this birth. (First name) (Last name) (Is now deceased) or (Cannot be located)
The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Addie Maud Murphy Signature
1101 W. 106 St. Los Angeles, Calif. P. O. Address
October 7, 1942 day of October 19 42
Al Rubin Notary Public
County of Los Angeles, State of California
(Note: Perjury is punishable as a felony in Idaho; see Idaho Code Annotated.)
Received for filing on OCT 7 - 1942 by Maud H. H. H. Registrar

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

764-204-229-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 8 - 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

357863

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County... <u>Latah</u> (b) City... <u>Potlatch</u> (c) Street Address or R.F.D. No. <u>rural</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home... <u>2</u> days. In THIS county... <u>2</u> years... <u>0</u> months... <u>0</u> days.	2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State... <u>Idaho</u> (b) County... <u>Latah</u> (c) City... <u>Potlatch</u> (d) Street Address or R.F.D. No. <u>rural</u> (e) How long has MOTHER lived in Idaho? <u>3</u> yrs. (f) Mother's mailing address: 3. RESIDENCE OF FATHER (city, state) <u>same</u>
--	--

4. FULL NAME OF CHILD <u>Jane Gouda</u>	5. Date of Birth (month, day, year) <u>Nov. 4 1941</u>			
6. Sex <u>girl</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? <u>yes</u>

FATHER OF CHILD

10. FULL NAME <u>Frank E. Gouda</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>30</u> yrs.
13. Birthplace <u>Mason City Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>carpenter</u>	
15. Industry or Business	

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Carrie Jenkins</u>	
17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>28</u> years
19. Birthplace <u>Carter Co. Tenn.</u> (City or town) (State or foreign country)	
20. Exact Occupation <u>House wife</u>	
21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum	23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living
(c) Born alive and now dead	(d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, stillborn at Idaho M. on the date and at the place stated above, and that personal particulars were furnished by Marjorie, who is related to this child as mother, etc. (First name) (Last name)

26. (a) (Date received) <u>Marjorie</u> (b) (Registrar's signature) <u>Marjorie</u>	25. Attendant's OWN signature <u>M.D. or (D.O., Midwife, etc.)</u>
27. Given name added on <u>by</u> (Registrar's signature)	and address <u>Date</u>

State of Idaho ss. County of Idaho

I, Elizabeth Peterson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Marjorie whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 120, 1937 Session Laws and that the facts contained therein are true to the best of my knowledge. I further state that Marjorie (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

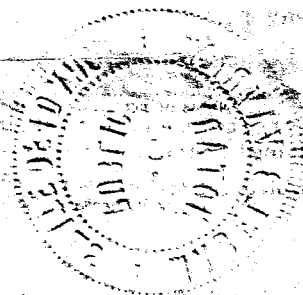
Subscribed and sworn to before me on this 8th day of November, 1940
(SEAL) Elizabeth Peterson Secretary Public, residing at Boise, Idaho
OCT 8 - 1942
My Comm. exp. 1-22-41

OCT 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

289-112-029-942

357875

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

OCT 9 - 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Tray
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Tray
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Tray Idaho

4. FULL NAME OF CHILD

James Wendell Phillips

5. Date of Birth of Child

(Month, day, year) June 12, 1931

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Ornos Henry Phillips

11. Color

white

12. Age at time

of THIS birth 5 1/2 yrs.

13. Birthplace

Tray New York

(City or town)

(State or foreign country)

14. Exact

Occupation

farmer

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anna Dwyer

17. Color

white

18. Age at time

of THIS birth 23 yrs.

19. Birthplace

Idaho

Idaho

(City or town)

(State or foreign country)

20. Exact

Occupation

housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho

County of Lewis

ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears
(Mother, etc.)

in Item 4, above, that I am now 60 years of age, that I have known this person for 57 years, and that

Agnes Clark who attended this birth deceased I further state that
(first name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9 day of Sept

(SEAL)

Notary Public, residing at Tray Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on

OCT 9 - 1942

by

Marj H. Baker

Registrar.

OCT 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **357893**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Malta</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>32</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Malta</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>32</u> yrs.	
4. FULL NAME OF CHILD <u>Maude Ellen Hitt</u>		5. Date of Birth of Child (Month, day, year) <u>Aug-20, 1891</u>	
6. Sex <u>Female</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd <u>4th</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>James B. Hitt</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>42</u> yrs. 13. Birthplace <u>Calpepper, Va.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Rancher</u> 15. Industry or Business <u>Cattle</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Jane L. Parke</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>32</u> yrs. 19. Birthplace <u>La. City, Nevada</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Wife of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 46 years, and that Mr. R. T. Storey who attended this birth. Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Parke Signature
Heyburn, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of October, 19 42

(SEAL) Harry W. Fisher Notary Public, residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 10 1942 by Mary E. Fisher, Registrar.

OCT 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss. Certificate No. 357893
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Maude Ellen Hitt who on Aug. 20, 1891
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Malta, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by family record prepared on at time of this birth, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name," "Birth Date," "Cause of Death," Etc.)	(As on Original)	(The Correct Facts)
<u>birthdate</u>	<u>birth 1896</u>	<u>1891</u>

Subscribed and sworn to before me this 29th
day of June, 19 44
Notary Public, residing at Burley, Idaho
My commission expires 6-1-46
(Seal)
Signed Joseph J. Parke
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Burley, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss. [This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they
are true to the best of his knowledge.
Subscribed and sworn to before me this 29th
day of June, 19 44
Henry M. Ingham
Notary Public, residing at Burley, Idaho.
My commission expires 6-1-46
(Seal)
Signed Margaret Jacobs
(Signature of Any Credible Person) (Sister)
(Street Address, City, State)
Burley, Idaho

1944 JUL 2

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

229-123-215-155

357944

357944

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Caribou</u> (b) City <u>Soda Springs</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county <u>10</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Caribou</u> (c) City <u>Soda Springs</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>26</u> yrs.	
4. FULL NAME OF CHILD <u>Smith J. Skinner</u>		3. RESIDENCE OF FATHER (city, state) <u>Soda Spring Idaho</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>XX</u> If so—born 1st, 2nd, 3rd <u>XX</u>		5. Date of Birth of Child (Month, day, year) <u>Feb. 23, 1941</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William H. Skinner</u>		16. FULL MAIDEN NAME <u>Mary Ann Jensen</u>	
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>33</u> yrs.		17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>33</u> yrs.	
13. Birthplace (City or town) <u>New York</u> (State or foreign country)		19. Birthplace (City or town) <u>Denmark</u> (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business <u>Home Making</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>8</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature.....**M.D. Midwife Address Date**.....

State of Idaho
County of Caribou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 51 years, and that Smith J. Skinner (First name) (Last name), who attended this birth Do not know (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. J. Skinner Signature
Soda Springs, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of October 1942

(SEAL) [Signature] Notary Public, residing at Soda Springs Idaho

Received for filing on OCT 15 1942 by Mary J. Elder Registrar.

OCT 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-124-006-386

United States
Department of Commerce
Bureau of the Census

OCT 12 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357973
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Burton</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>6</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Burton</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>60</u> yrs.	
4. FULL NAME OF CHILD <u>Chase William Kimball</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 24, 1891</u>	

6. Sex <u>Male</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
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10. FULL NAME <u>William Gheen Kimball</u>		16. FULL NAME <u>Calista Florence Thornton</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>40</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>37</u> yrs.
13. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Beaver Island Michigan</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>Farmer</u>		21. Industry or Business <u>housewife</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for from birth years, and that Mary Peterson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Calista F. Kimball Signature

Ririe, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of October, 1942

(SEAL)

George M. Larsen Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on OCT 12 1942 by Mary Peterson Registrar.

OCT 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

165-219,036-958
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

358007
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 35 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Ida.

4. **FULL NAME OF CHILD** Mary Enid Jones
5. Date of Birth of Child (Month, day, year) Oct. 19, 1891
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Phillip Jones</u>	16. FULL MAIDEN NAME <u>Mary Reynolds</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>	12. Age at time of THIS birth <u>39</u> yrs.	18. Age at time of THIS birth <u>35</u> yrs.
13. Birthplace (City or town) <u>Wales</u>	19. Birthplace (City or town) <u>Wales</u>	(State or foreign country)	(State or foreign country)
14. Exact Occupation <u>Shoemaker</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California }
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 51 years, and that Mary Stewart, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine M. Van Nuys Signature
15043 Victory Blvd., Van Nuys, Calif. P. O. Address

Subscribed and sworn to before me this 7th day of October, 1942

(SEAL)

Notary Public, residing at Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 13 1942 by [Signature], Registrar.

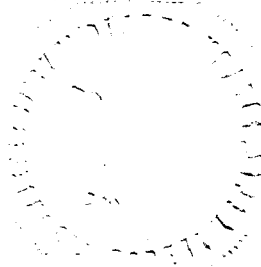
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OCT 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-2281040-544

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **358060**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Malheur
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone
(c) City Malheur
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Nora Myrtle Connors

5. Date of Birth of Child
(Month, day, year) March 25th 1891

6. Sex Female **7. Twin or Triplet** Triplet **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME John Connors
11. Color or Race White **12. Age at time of THIS birth** 30 yrs.
13. Birthplace Palmer Falls New York
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Edmiston
17. Color or Race White **18. Age at time of THIS birth** 22 yrs.
19. Birthplace Lincoln Co. Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child John (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho }
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for Life years, and that who attended this birth. I further state that

(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Connors Signature

10449-103 S.W. Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 15 day of Oct 1942

(SEAL) Cecil E. Rogers Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 15 1942 by Mabel E. Beeler Registrar.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **358094**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. R. F. D. #1
(d) Name of Hospital or Maternity Home:
Born At home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years 2 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. R. F. D. #1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick, Idaho

4. **FULL NAME OF CHILD** Wesley Alonzo Green

5. Date of Birth of Child
(Month, day, year) Aug. 14, 1891

6. Sex male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Green

11. Color white 12. Age at time of THIS birth 40 yrs.

13. Birthplace Chillicothe, Ohio
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Rogers

17. Color white 18. Age at time of THIS birth 30 yrs.

19. Birthplace Springfield, Illinois
(City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nothing

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(First name) (Last name)

25. Attendant's **OWN** signature (Mother, etc.) M.D. Midwife Address Date

State of Washington }
County of Spokane } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 51 years, and that Mrs. Anderson Crawford who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X. Walter C. Green Signature
7624 N. Smith, Spokane, Washington P. O. Address

Subscribed and sworn to before me this 24th day of September, 1942

(SEAL) J. O. Lawrence Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 28 1942 by Mary E. Green, Registrar.

OCT 16 1942

FEB 28 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Ada</u>	(b) City <u>Boise</u>	(a) State <u>Idaho</u>	(b) County <u>Ada</u>
(c) Street Address or R.F.D. No.		(c) City <u>Boise on Eagle Island</u>	
(d) Name of Hospital or Maternity Home: <u>at home</u>		(d) Street Address or R.F.D. No.	
(e) Mother's stay BEFORE delivery: IN THIS county <u>26</u> years months <u>3</u> days		(e) How long has MOTHER lived in Idaho? <u>26</u> yrs. <u>in Boise</u>	

4. FULL NAME OF CHILD <u>Bertha Dell Calkins</u>		5. Date of Birth of Child (Month, day, year) <u>May 9, 1891</u>	
6. Sex <u>female</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Thomas Hugh Calkins</u>		16. FULL MAIDEN NAME <u>Mary Jane Conway</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>4</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>26</u> yrs.
13. Birthplace <u>Monia Scotia</u> (City or town) (State or foreign country)		19. Birthplace <u>Boise Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>farming</u>		20. Exact Occupation <u>housewife on farm</u>	
15. Industry or Business <u>and livestock raising</u>		21. Industry or Business <u>farming & livestock</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.)

25. Attendant's OWN signature.....**M.D.**.....**Address**.....**Date**.....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 5, above, that I am now 75 years of age, that I have known this person for 50 years, and that Phippsan, who attended this birth, now deceased I further state that (Is now deceased) or (Cannot be located)

(First name) (Last name)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Henry Conway Signature

P. O. Address

Subscribed and sworn to before me this 19th day of October, 1947

(SEAL) Notary Public, residing at Boise Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct. 19, 1947 by Mary E. Elden, Registrar.

OCT 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719-210022-557

United States
Department of Commerce
Bureau of the Census

OCT 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 358211
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Leton
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Stayed at home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Leton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 32 yrs.

4. FULL NAME OF CHILD

Elsie Gardner

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year)

July 10 1891

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME

Albert Gardner

11. Color or Race

white

12. Age at time of THIS birth

27 yrs.

13. Birthplace (City or town)

Meriden

(State or foreign country) Utah

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Caroline Lawrence

17. Color or Race

white

18. Age at time of THIS birth

23 yrs.

19. Birthplace (City or town)

Worwickshire, England

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related to this child as (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of Utah } ss.
County of Salt Lake

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 9 years, and that Hammond (First name) (Last name) who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Gardner Call

Signature

844 So 2nd E. Salt Lake City, Ut.

P. O. Address

Subscribed and sworn to before me this 15 day of Oct. 1942

(SEAL)

Flourie O Hansen

Notary Public, residing at Salt Lake City, Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

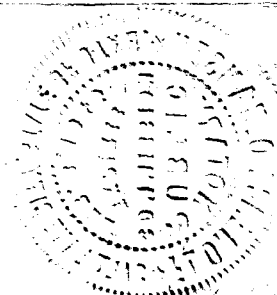
Received for filing on by Mary E. Hansen Registrar.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

813-251206-168
359266

United States **DELETED** (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census **STATE OF IDAHO** Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: 2 years 2 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Id.

4. **FULL NAME OF CHILD** Horace Ray Hall

5. Date of Birth of Child (Month, day, year) May 25-1891.

6. Sex male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 4 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Emory J. Hall

11. Color or Race white 12. Age at time of THIS birth 34 yrs.

13. Birthplace Lamont, Michigan. (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business carpenter.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sara Johnson

17. Color or Race white 18. Age at time of THIS birth 34 yrs.

19. Birthplace Ontario, Canada. (City or town) (State or foreign country)

20. Exact Occupation housewife.

21. Industry or Business domestic.

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the older sister of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that Dr. Pendleton who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Anglesey Signature
Rigby--2, Idaho. P. O. Address

Subscribed and sworn to before me this 17 day of October, 19 42

(SEAL) Bash R. Burnett Notary Public, residing at Rigby, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code (Annotated).)

Received for filing on OCT 21 1942 by Marj E. Miller Registrar.

OCT 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

238-221-007-553

359596

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. 117
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
IN THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 30 yrs.
3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD Wilhelmina Sophia Schwamb

5. Date of Birth of Child
(Month, day, year) 11-21-1891

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Claude Schwamb
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace San Francisco, California
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary C. Nelson
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Boise Valley, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNo3
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary C. Schwamb, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____
Midwife _____ Address _____ Date _____

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 50 years, and that Dr. N. J. Brown, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary C. Schwamb Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of October, 1942
(SEAL) Joseph H. Gula Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 9-22-1942 by Robert H. Wright Registrar.

OCT 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



942-225-014-498

359608

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Nampa</u> (c) Street Address or R.F.D. No. <u>South side</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Nampa</u> (d) Street Address or R.F.D. No. <u>South side</u> (e) How long has MOTHER lived in Idaho? <u>27</u> yrs.	
4. FULL NAME OF CHILD <u>Jessie Louise Ruse</u>		3. RESIDENCE OF FATHER (city, state) <u>Nampa, Ida.</u> 5. Date of Birth of Child (Month, day, year) <u>July 25 1891</u>	
6. Sex <u>female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Francis Marion Ruse</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace <u>Lynchburg Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>blacksmith</u> 15. Industry or Business <u>own business</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ida Louise Dryden</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Lynn Co. Linneus, Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>own home</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature Idaho **M.D.** _____ **Midwife** _____ **Address** _____ **Date** _____
 State of.....
 County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for 51 years, and that Dr. Weston is now deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. H. B. Ward Signature
Boise Idaho Box 2136 P. O. Address

Subscribed and sworn to before me this 29th day of Oct, 1942
 (SEAL) Paul E. Garrett Notary Public, residing at Nampa Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 4 1942 by Mary E. Keenan Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

369-227-029-752

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 30 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

359641

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Genesee, Idaho
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At Home residence
(e) Mother's stay BEFORE delivery: 5 years 3 months _____ days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 5 yrs. & 3 mos.

3. RESIDENCE OF FATHER (city, state) Genesee, Ida

4. FULL NAME OF CHILD

Christine Louise Lorang

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

5. Date of Birth of Child

(Month, day, year) June 27, 1891

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

John Lorang

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Johnsburg, Wisconsin, U.S.A.
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Anna Gesellchen

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Mt. Calvary, Wisconsin, U.S.A.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife Address

Date

State of Idaho

County of Latah

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 51 years, and that

Anna Marie Lorang

(First name) (Last name)

is now deceased

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Smolt

Signature

Walnut Street, Genesee, Idaho

P. O. Address

Subscribed and sworn to before me this 27th day of October, 19 42

(SEAL)

Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 30 1942

by

Mabel E. Belcher

Registrar.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

495-214-028-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **359829**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County MOOTENAI (b) City COEUR D'ALENE
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County MOOTENAI
(c) City COEUR D'ALENE
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** INEZ DEET MINOR

5. Date of Birth of Child JAN-14-1891
(Month, day, year)

6. Sex FEMALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FREDERICK-JOSEPH-MINOR
11. Color or Race WHITE 12. Age at time of THIS birth 24 yrs.
13. Birthplace COVE - OREGON
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NORA-ALMA-BROWN
17. Color or Race WHITE 18. Age at time of THIS birth 17 yrs.
19. Birthplace AGUSTA WISCONSIN
(City or town) (State or foreign country)
20. Exact Occupation NONE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum. NONE
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 6⁰⁰ A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by NORA WEBB, who is related to this child as MOTHER (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of LOS ANGELES
County of CALIFORNIA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 51 years, and that MARIE MINOR, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Minor Webb Signature
1236 So Hill St P. O. Address

Subscribed and sworn to before me this 31st day of October, 1942
(SEAL) Angela Helen Notary Public, residing at Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mary E. Fisher, Registrar.

NOV 10 1942.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

813 205029-719

359965

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Near Troy</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>near Troy</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
4. FULL NAME OF CHILD <u>Josie Manervia Hall</u>		3. RESIDENCE OF FATHER (city, state) <u>Idaho</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>Sept 5 1891</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>William Pierce Hall</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Kentucky</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Agriculture-diversified</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ella Nora Parker</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>Own home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>don't know</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date Sept 5 1891 and at the place stated above, and that personal particulars were furnished by Ella Hall, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Mrs. Ogelby **M.D.—** near Troy (Vollmer)
Midwife Idaho **Date** Sept 5 1891

State of Washington } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Walla Walla } ss.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 51 years, and that Mrs. Ogelby, who attended this birth is deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Hall Foster Signature

College Place, Washington P. O. Address

Subscribed and sworn to before me this 6th day of November, 1942

(SEAL)

Notary Public, residing at Walla Walla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 10 1942 by M. B. Foster, Registrar.

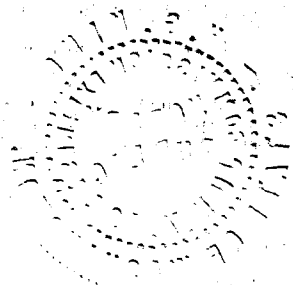
NOV 13 1942

MAY 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

351 128016-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **359968**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth),
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

4. **FULL NAME OF CHILD** Franklin Charles Leavitt
7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Albion Ida.
5. Date of Birth of Child (Month, day, year) Feb 28-1891
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Nathanial Leavitt
11. Color or Race White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Council Bluffs, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Minerva Ann Leavitt
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Willard Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Mrs. Long - now dead M.D. Midwife Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of Cassia in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears
in Item 4, above, that I am now 65 years of age, that I have known this person for 51 years, and that
Mrs. Long (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located) I further state that
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

May Leavitt Rogers Signature

Subscribed and sworn to before me this 4 day of November 1942

(SEAL) Henry W. Fisher Notary Public, residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mary Fisher, Registrar.

NOV 13 1942

JUN 9 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

685-220006845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **359980**
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Cullis Island</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Cullis Island</u> (d) Street Address or R.F.D. No. <u>2</u> (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>Bessie J. wheaton</u>		5. Date of Birth of Child (Month, day, year) <u>5-20-1891</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Francis W. wheaton</u>		16. FULL MAIDEN NAME <u>Kola Hunt</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>31</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>20</u> yrs.
13. Birthplace <u>Marcellus Michigan</u> (City or town) (State or foreign country)		19. Birthplace <u>Cullis Island</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming</u>		20. Exact Occupation <u>house wife</u>	
15. Industry or Business <u>none</u>		21. Industry or Business <u>none</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Kola wheaton, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)
25. Attendant's X OWN signature Rachel Brown M.D. Address 538 1/2 Bare Line Date Calip May 24
Midwife

State of..... ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of.....

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address
Subscribed and sworn to before me this..... day of....., 19.....
(SEAL)..... Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mary E. Eber, Registrar.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

234-227006-234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

360084

NOV 12 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Lona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years 2 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Lona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 57 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Emma Marie Steele

5. Date of Birth of Child
(Month, day, year) Nov 27-1891

6. Sex Female 7. Twin or Triplet
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Ephraim Steele
11. Color or Race white 12. Age at time of THIS birth 39 yrs.
13. Birthplace Manchester, England
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elvira Steele
17. Color or Race white 18. Age at time of THIS birth 36 yrs.
19. Birthplace Cottonwood, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Idaho }
County of Cannerille } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 51 years, and that Midwife Sarah Beach, who attended this birth, _____, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elvira Steele Signature
440 "H" St. P. O. Address

Subscribed and sworn to before me this 27th day of November 1942

(SEAL)

Delbert J. Young Notary Public, residing at Idaho Falls
(Note: Perjury is punishable as a felony in Idaho see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mabel T. Fisher, Registrar.

NOV 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295 711 006 863

United States
Department of Commerce
Bureau of the Census

NOV 14 1942

Birth information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

360220
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address <u>1234 N. University Ave.</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years <u>6</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address <u>1234 N. University Ave.</u> (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>Fredrick Howard Biethan</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		3. RESIDENCE OF FATHER (city, state) <u>Blackfoot, Id.</u> 5. Date of Birth of Child (Month, day, year) <u>May 11, 1891</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>David Henry Biethan</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth. <u>35</u> yrs. 13. Birthplace <u>Fort Madison, Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>General Merchant</u> 15. Industry or Business <u>Retail Merchandise</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Susan Elizabeth Holbrook</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth. <u>25</u> yrs. 19. Birthplace <u>Monmouth, Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)
25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Michigan }
County of Washtenaw } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 51 years, and that Dr. W.H. Behle, who attended this birth, is deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George F. Schlecht Signature
NOTARY PUBLIC, WASHTENAW COUNTY, MICH.
MY COMMISSION EXPIRES JULY 8, 1948
Subscribed and sworn to before me this 30th day of August, 1942
(SEAL) George F. Schlecht Notary Public, residing at Ann Arbor, Michigan
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mabel T. Fisher Registrar.

NOV 19 1942

MAR 29 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-225001-993 (Be sure the information is as of date of birth of THIS child)

United States (State File No. 360251)
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Baldwell
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 1 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Battle Creek P.O.
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Cather Anna Evans

5. Date of Birth of Child (Month, day, year) 1-25-1891

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mrs. Dilworth Evans

11. Color White 12. Age at time of THIS birth 29 yrs.

13. Birthplace San Bernardino California (City or town) (State or foreign country)

14. Exact Occupation Farmer - Stockman

15. Industry or Business Sheep - Cattle - Horses

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Louisa Riley

17. Color White 18. Age at time of THIS birth 49 yrs.

19. Birthplace David's Island New York (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 50 years, and that Mrs. (Grandma) Horn who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. (M.D.) Lillian Louisa Riley Evans Signature
724-15th Ave So Nampa Idaho P. O. Address

Subscribed and sworn to before me this 18 day of November, 1942

(SEAL) Butler Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 20 1942 by Mary E Elder, Registrar.

NOV 20 1942

JUN 10 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 130-008-235

360423

360423

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Idaho City</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Born at Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>21</u> years <u>4</u> months <u></u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Idaho City</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>22</u> yrs.	
4. FULL NAME OF CHILD <u>John Robert Carpenter</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 30, 1891</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>John Robert Carpenter</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>45</u> yrs. 13. Birthplace <u>Schenectady New York</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Steirman</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Mariposa California</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yut
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Idaho **M.D.** Idaho **Midwife** Idaho **Address** Idaho **Date** Idaho
 State of.....ss.
 Country of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 51 years, and that Lavina E. Richardson who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Carpenter Signature
Eagle Idaho P. O. Address

Subscribed and sworn to before me this 30 day of November, 1942
 (SEAL) Walter M. Gray Notary Public, residing at Boise, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91A Idaho Code Annotated.)

Received for filing on DEC 1 1942 by Mary Elder Registrar.

DEC 1 1942

JUN 7 1957

APR 8 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

367-122-040-169

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 21 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **361518**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Shoshone** (b) City **(on farm)**
(c) Street Address or R.F.D. No. **Palouse, Wash.**
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county **3** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Shoshone**
(c) City **E. of Palouse, Washington.**
(d) Street Address or R.F.D. No. **(on farm)**
(e) How long has MOTHER lived in Idaho? **3** yrs.
3. RESIDENCE OF FATHER (city, state) **Idaho**

4. FULL NAME OF CHILD **George Cox**
6. Sex **Male**
7. Twin or Triplet **Triplet**
If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) **Aug. 22, 1891.**
8. No. months of Pregnancy **9**
9. Legitimate? **Yes**

FATHER OF CHILD
10. FULL NAME **Aaron Cox**
11. Color or Race **White**
12. Age at time of THIS birth **42** yrs.
13. Birthplace **Illinois**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **Mary E. Jordan**
17. Color or Race **White**
18. Age at time of THIS birth **40** yrs.
19. Birthplace **Virginia**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **None**
23. Number of children of this mother: (a) At time of birth and including this child **7** (b) Born alive and now living **7**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife

State of **Washington**
County of **Catfield** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **brother** of the person whose name appears in Item 4, above, that I am now **61** years of age, that I have known this person for **51** years, and that _____, who attended this birth **is now deceased** I further state that _____
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Cox Signature

Pomeroy P. O. Address

Subscribed and sworn to before me this _____ day of **November**, 19 **42**

(SEAL) _____ Notary Public, residing at **Pomeroy.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **NOV 21 1942** by **Mary E. Elden**, Registrar.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

262-1081036-381
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

361522
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Preston Idaho</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Preston</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>LeRoy Bosworth</u>		5. Date of Birth of Child (Month, day, year) <u>July 8 1891</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD 10. FULL NAME <u>James B. Bosworth</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>45</u> yrs. 13. Birthplace <u>Borrowash England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Blacksmith</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Francis Chapman</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>Deltor Ohio</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Family record, who is related to this child as
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Franklin

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 52 years, and that Dr. Parkinson who attended this birth in home descent I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

LeRoy Bosworth Signature
Preston Ida. P. O. Address
 Subscribed and sworn to before me this 20 day of Nov 1942
 (SEAL) [Signature] Notary Public, residing at Preston Ida.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Mary E. Elden Registrar.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-129.022-695
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **361653**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bremont (b) City Legion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Legion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Stephen Samuel Broadhurst

5. Date of Birth of Child
(Month, day, year) Oct. 29, 1891

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Broadhurst
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace St. Louis, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elmore J. Winegar
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Snake Canyon, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Neighbor of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 51 years, and that Lois Winegar who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jud H. Mason Signature

St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of November, 1942

(SEAL) Or Meservey, Probate Judge Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Maude E. Jensen Registrar.

DEC 1 1942

MAR 18 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **361668**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 6 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Id.

5. Date of Birth of Child
(Month, day, year) Mar. 16, 1891

4. FULL NAME OF CHILD

Minnie Marker

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Alma Marker

11. Color White 12. Age at time
or Race of THIS birth 32 yrs.

13. Birthplace Spanish Fork, Utah
(City or town) (State or foreign country)

14. Exact Occupation Retail Merchant

15. Industry or Business Music and Stationery

MOTHER OF CHILD

16. FULL MAIDEN NAME

Elizabeth Larsen

17. Color White 18. Age at time
or Race of THIS birth 29 yrs.

19. Birthplace Maroni, Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 80 years of age, that I have known this person for 51 years, and that
(First name) Mrs. Stevens (Last name) who attended this birth is now deceased I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

My Commission Expires

June 26th, 1943

Subscribed and sworn to before me this 19th day of November, 1942

(SEAL)

Mary Anderson Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

NOV 30 1942

by

Mabel Fisher

Registrar.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **361686**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. <u>710 N Main</u> (d) Name of Hospital or Maternity Home: <u>born at home</u> (e) Mother's stay BEFORE delivery: <u>3</u> years <u>3</u> months <u>3</u> days IN THIS county	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. <u>710 N Main</u> (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.
3. RESIDENCE OF FATHER (city, state)	

4. FULL NAME OF CHILD <u>Carl Theodor Wrensted</u>	5. Date of Birth of Child (Month, day, year) <u>10/2/1891</u>
6. Sex <u>male</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Peter Thorval Wrensted</u>	16. FULL MAIDEN NAME <u>Anna Margrethe Rasmussen</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>		
12. Age at time of THIS birth <u>29</u> yrs.	18. Age at time of THIS birth <u>21</u> yrs.		
13. Birthplace <u>Frederikshaven, Denmark</u> (City or town) (State or foreign country)	19. Birthplace <u>Ballenge Mark, Denmark</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>car repairer</u>	20. Exact Occupation <u>housewife</u>		
15. Industry or Business <u>Union Pacific Railroad</u>	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 9:00 P. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 51 years, and that Dr. Rooker who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Margrethe Wrensted Signature
Crystal, Idaho P. O. Address
Subscribed and sworn to before me this 25th day of November, 19 42

(SEAL) F. F. Tydemann Notary Public, residing at Pocatello
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on Nov 30 1942 by Malcolm E. Eaker Registrar.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-213-014-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **361723**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Canyon** (b) City **Caldwell**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Canyon**
(c) City **Caldwell**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **15** yrs.

3. RESIDENCE OF FATHER (city, state) **same**

4. FULL NAME OF CHILD

Bertha Lillian Moore

5. Date of Birth of Child
(Month, day, year) **1-13-1891**

6. Sex **female** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **Hiram Baker Moore**
11. Color or Race **white** 12. Age at time of THIS birth **35** yrs.
13. Birthplace **Hendrysburg Ohio** (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Laura Belle Johnston**
17. Color or Race **white** 18. Age at time of THIS birth **25** yrs.
19. Birthplace **Steekton Missouri** (City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **none**
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Idaho** }
County of **Canyon** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4 above, that I am now **74** years of age, that I have known this person for **52** years, and that **Eliza Shuee** (First name) (Last name), who attended this birth **Now deceased** (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Belle Jones, Signature

P. O. Address

Subscribed and sworn to before me this **24th** day of **November**, 19**42**

(SEAL)

Emma E. Thompson, Notary Public, residing at **Caldwell, Ida**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

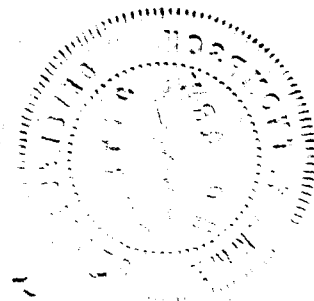
Received for filing on **NOV 30 1942** by **Mabel Zeller**, Registrar.

DEC 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS—
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 361723

County of Canyon } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for _____ who was born on Jan. 13, 1891

(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH)
in Caldwell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the

(PLACE OF EVENT) true facts as shown by _____ prepared on _____, are:

(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED

FROM

TO

(“NAME”, “BIRTH DATE”, “CAUSE OF DEATH”, ETC.)

(AS ON ORIGINAL)

(THE CORRECT FACTS)

Name _____

Bertha Lillian Moore

Date _____

Jan. 13, 1894

Jan. 13, 1891

Subscribed and sworn to before me this 6th

day of January, 19 43

Signed _____

Laura Belle Jones

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Caldwell, Idaho

My commission expires October 5, 1945

Box 125, Middleton, Idaho

(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th

day of January, 19 43

Signed _____

W. H. Moore

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Caldwell, Idaho

My commission expires October 5, 1945

Box 650, Caldwell, Idaho

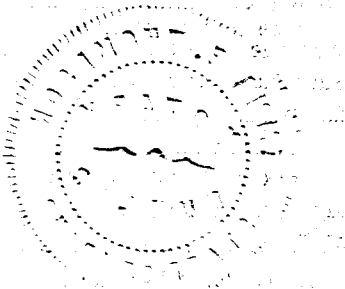
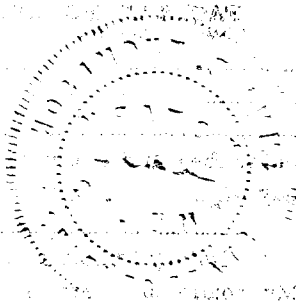
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

JAN 16 1943



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-122-640-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **361746**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD George Patrick Darcey

6. Sex male **7. Twin or Triplet** **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Peter Darcey
11. Color or Race White-Irish **12. Age at time of THIS birth** yrs.
13. Birthplace Ireland
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Wardner-Idaho

5. Date of Birth of Child (Month, day, year) February 22nd 1891

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Waters
17. Color or Race White-Irish **18. Age at time of THIS birth** yrs.
19. Birthplace Ireland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of California } ss.
County of Alameda

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 51 years, and that

Edward Darcey (First name) Darcey (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7th day of August, 1942, at Los Angeles, Calif.
(SEAL) Edward J. Smith Notary Public, residing at Oakland, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated)

Received for filing on DEC 3 1942 by Mary D. Blish Registrar.

DEC 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361767
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Owyhee (b) City De Lamar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Owyhee
(c) City Delamar
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? four yrs.

3. RESIDENCE OF FATHER (city, state) De Lamar Idaho

4. FULL NAME

OF CHILD George Brabison Sothern

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD
10. FULL NAME Alfred Richard Sothern

11. Color white or Race 12. Age at time of THIS birth 33 yrs.

13. Birthplace Bray (City or town) Ireland (State or foreign country)

14. Exact Occupation miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Elizabeth Bruce

17. Color white or Race 18. Age at time of THIS birth 35 yrs.

19. Birthplace Bray (City or town) Ireland (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

25. Attendant's OWN signature (Mother, etc.)

M.D. Midwife Address

Date

State of Washington }
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 51 years, and that

Dr. Plummer (First name) (Last name) who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Glazel Sothern Carlson Signature

679- 5th Ave N.W. Seattle Wn. P. O. Address

Subscribed and sworn to before me this 30th day of November 1942

(SEAL)

Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

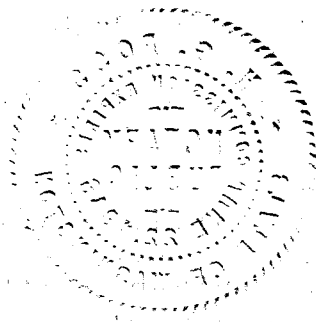
Received for filing on DEC 3 1942 by Mary J. Belcher Registrar.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated; when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **361771**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Arbon</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Arbon</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>Annie Laura Price</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		3. RESIDENCE OF FATHER (city, state) <u>Arbon Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Oct 13, 1891</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Alfred Emmet Price</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Healdsburg California</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Martha Jane Greenwood</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth yrs. 19. Birthplace <u>Handlerville Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is
 related to this child as (First name) (Last name)
 (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
 Midwife

State of California }
 County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now seventy years of age, that I have known this person for 51 years, and that Rebecca Greenwood, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dollie Greenwood Signature

1104 W. 2nd St., Chico, California P. O. Address

Subscribed and sworn to before me this 23d day of November, 19 42

(SEAL) John L. Dean Notary Public, residing at Chico, Calif.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Mabel E. Nelson, Registrar.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415 12 8-236-866

361776

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Clifton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clifton, Ida

4. **FULL NAME OF CHILD** William Edward Daniels
5. Date of Birth of Child
(Month, day, year) Dec. 28, 1891
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** James Richard Daniels
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Oglaçe County Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lydia Jane Howell
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Franklin Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 78 years of age, that I have known this person for 51 years, and that
Jane M. Howell who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Comm. expires Oct.
15, 1944

Lydia Jane Daniels Signature
Irwin, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of November, 1942

(SEAL) Grace Traugott Notary Public, residing at Swan Valley
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Maud A. Baker Registrar.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-104.108-693

361853

361853

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Van Wyke</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Van Wyke</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>Arthur W. Kimball</u> 6. Sex <u>Male</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>Oct 4, 1891</u> 8. No. months of Pregnancy 9. Legitimate? <u>yes</u>	

FATHER OF CHILD 10. FULL NAME <u>Levi Silas Kimball</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>40</u> yrs. 13. Birthplace <u>Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Anna Anna Witchey</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>36</u> yrs. 19. Birthplace <u>Duncan Nebraska</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum.
 23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living no

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Valley

I, the undersigned, being first duly sworn, say that I am the not related of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 51 years, and that Ida Cross who attended this birth is in ill health I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Henry Cross
 Cascado, Idaho P. O. Address
 Subscribed and sworn to before me this 16th day of December, 1942
 (SEAL) Notary Public, residing at Cascado
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1942 by Mabel Fielder Registrar.

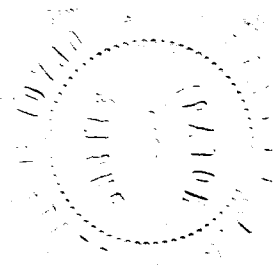
JAN 5 1966

DEC 17 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-2291-A10-365

361908

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
The family residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years 7 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

4. **FULL NAME OF CHILD** Vina Burton
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Murray Idaho
5. Date of Birth of Child (Month, day, year) October 29, 1891

FATHER OF CHILD
10. **FULL NAME** Edward William Burton
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Tauckee California (City or town) (State or foreign country)
14. Exact Occupation Baker and merchant
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ida Helena Loebner
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Yankton South Dakota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 2:00 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ida Hinkle, who is related to this child as Mother was Mrs Ida Helena Burton (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of _____ } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of _____ }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 51 years, and that Mrs. Amos Watkins, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ida Helena Hinkle Signature
Murray Idaho P. O. Address

Subscribed and sworn to before me this 1st day of December, 1942
(SEAL) Helem C McPhee Notary Public, residing at Murray Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) com expires 4-19-46

Received for filing on DEC 8 1942 by Mary Elder, Registrar.

DEC 8 1942

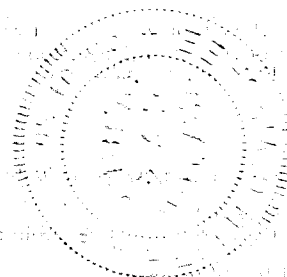
DEC 6 1965

JAN 21 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **861992**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Franklin</u> (b) City <u>Mapleton</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>family residence</u> (e) Mother's stay BEFORE delivery: <u>5</u> years <u>0</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Franklin</u> (c) City <u>Mapleton</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
4. FULL NAME OF CHILD <u>John Leroy Taylor</u>		5. Date of Birth of Child (Month, day, year) <u>Dec 20, 1891</u>	
6. Sex <u>male</u>		8. No. months of Pregnancy <u>nine</u>	
7. Twin or Triplet		9. Legitimate? <u>yes</u>	

FATHER OF CHILD 10. FULL NAME <u>Edward Taylor</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>43</u> yrs. 13. Birthplace <u>Linesshine, England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Elizabeth Davis</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>England</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Farming</u>	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address** **Date**

State of Idaho } ss.
 County of Madison

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the neighbor of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 50 years, and that Midwife (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature C. H. Heister

Subscribed and sworn to before me this 7th day of December, 1942

(SEAL) Notary Public, residing at Rexburg, Idaho.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Mary E. Elder Registrar.

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Amended Jan. 17, 1955 753-112036-389

United States (Be sure the information is as of date of birth of THIS child.) State File No. **363310**
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census **STATE OF IDAHO** Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>MinkCreek</u> (c) Street Address or R.F.D. No. <u>Idaho</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>20</u> years _____ months _____ days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>MinkCreek</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>50</u> yrs.
4. FULL NAME OF CHILD <u>EPHRAIM PETERSEN JR.</u>	5. Date of Birth of Child (Month, day, year) <u>June 12, 1891</u>
6. Sex <u>M</u> 7. Twin or Triplet _____ 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Ephraim Petersen</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth _____ yrs. 13. Birthplace <u>Brigham City, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farm and Grocery Store</u> 15. Industry or Business _____	MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Annie Christina Christensen</u> 17. Color or Race _____ 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>Fed Denmark</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____	
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>5</u>	
ATTENDANT'S CERTIFICATE	
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Frances P. Luthy</u> who is related as <u>Sister</u> (Mother, etc.) (First name) (Last name)	
25. Attendant's OWN signature <u>Mrs. Zink</u> State of <u>Washington</u> County of <u>King</u> } ss.	M.D. Address Date <u>Midwife Tocoma Wash.</u>
AFFIDAVIT (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the <u>wife</u> of the person whose name appears in Item 4, above, that I am now <u>43</u> years of age, that I have known this person for <u>30</u> years, and that <u>Mrs. Zink</u> who attended this birth <u>Deceased</u> (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. <u>Mrs. Ethel Petersen</u> Signature <u>961 Hiawatha Place Seattle</u> P. O. Address	
Subscribed and sworn to before me this <u>17th</u> day of <u>December</u> , 19 <u>42</u> . (SEAL) <u>R. L. Ioranger</u> , Notary Public, residing at <u>Seattle</u> (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	
Received for filing on <u>Jul 10, 1942</u> by <u>Mabel F. Elder</u> , Registrar.	

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **363310**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Oneida** (b) City **Mink Creek**
(c) Street Address or R.F.D. No. **Idaho**
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county **20** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Oneida**
(c) City **Mink Creek**
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? **50** yrs.
3. RESIDENCE OF FATHER (city, state) **1893**

4. FULL NAME OF CHILD **Ephraim Petersen Jr.**
7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child **June 12, 1942**
(Month, day, year)
8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD
10. FULL NAME **Ephraim Petersen**
11. Color **White** 12. Age at time of THIS birth _____ yrs.
13. Birthplace **Brigham City Utah**
(City or town) (State or foreign country)
14. Exact Occupation **Farm & Grocery store**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **Amie Christina Christensen**
17. Color _____ 18. Age at time of THIS birth **33** yrs.
19. Birthplace **Great Falls Montana**
(City or town) (State or foreign country)
20. Exact Occupation **House wife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child **6** (b) Born alive and now living **5**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Francis P. Luthy** who is related to this child as **sister**
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **Mrs. Jink** M.D. _____ Address **Locoma Wash** Date _____
State of **Washington** ss. _____
County of **King** _____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **wife** of the person whose name appears in Item 4, above, that I am now **43** years of age, that I have known this person for **30** years, and that **Mrs. Jink** who attended this birth **deceased** I further state that (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **17th** day of **December**, 19**42**
(SEAL) **Notary Public, residing at Seattle**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Signature **Mrs. Ethel Petersen**
P. O. Address **961 N. Hawthorne Place, Seattle**

Received for filing on **JUL 10 1942** by **Mary E. Eklund** Registrar.

DEC 22 1942

JAN 18 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

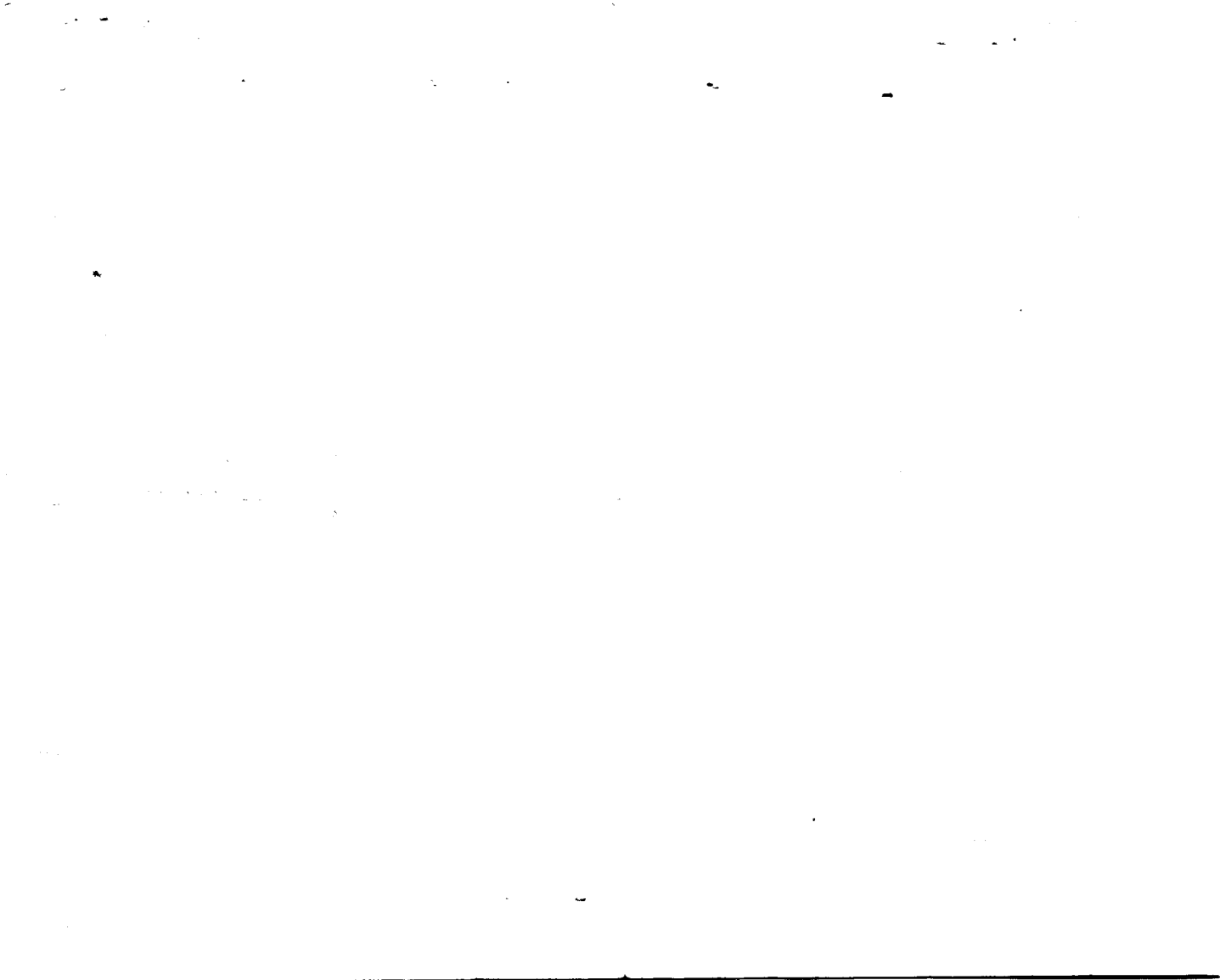
Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Franklin } ss. Certificate No. 363310
Date Filed 7-10-42
The undersigned does solemnly swear that certain facts on the certificate of Birth
for Ephraim Petersen, Jr who was born on June 12, 1891
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Miner Creek Ida are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) CHURCH RECORD JAN 10, 1929
true facts are shown by Family Record prepared on June 12, 1891, are:
(Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital (Give Date)
FACTS TO BE CORRECTED **FROM** **TO**
(“Name,” “Birth Date,” “Cause of Death,” Etc.) (As on Original) (The Correct Facts)

Birth Date June 12, 1893 June 12, 1891
Subscribed and sworn to before me this 16 day of July, 1944
Notary Public, residing at Preston Ida
My commission expires May 1-1947
(Seal)
Signed Frances Luthy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss. [This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 16 day of July, 1944
Notary Public, residing at Preston Ida
My commission expires May 1-1947
(Seal)
Signed Ed Larsen
(Signature of Any Credible Person)
Preston Idaho
(Street Address, City, State)



19, in the Stake

Ward,

Accepted

Residence

No. 31

CERTIFICATE OF MEMBERSHIP

Date Jan. 10 1929

77

TO WHOM IT MAY CONCERN:

This Certifies That (Sex)

is a of record in the Ward of the Stake
(Preshood, number or child)

of the CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS, and is hereby recommended to any ward or branch of the Church.

Father's Name Mother's Maiden Name

Born - - - 12 June 1871 at Copy of Entry

Blessed - - - by

Baptized - 24 June 1874 by Recorded by Ward receiving this person (Record Number)

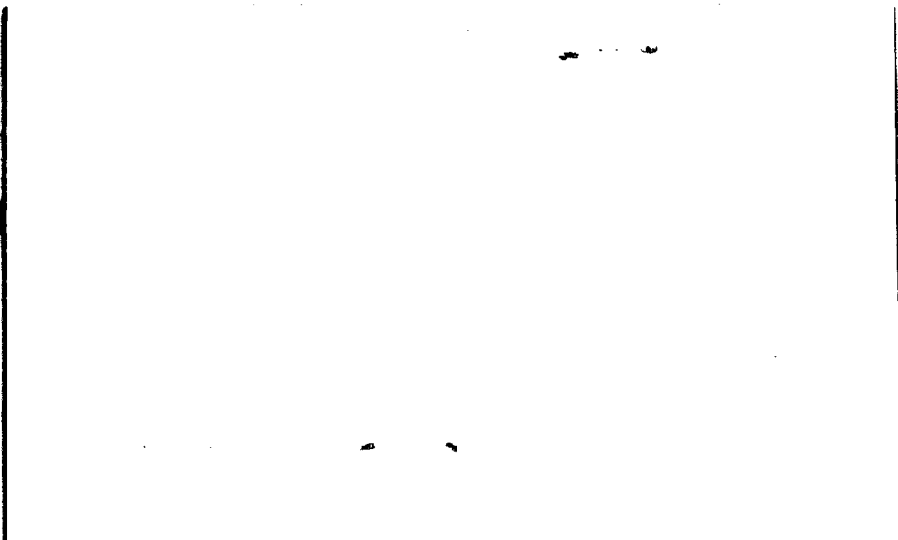
Confirmed - 2 July 1879 by

Ordained - 20 Dec. 1908 a by

Removed to Ward, Stake, Address

John L. King WARD CLERK

BISHOP
ADDRESS



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

617-209-014-655
United States (Be sure information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census
DEC 28 1942
STATE OF IDAHO
State File No. 363478
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Caldwell</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Caldwell</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Annabel Wagoner</u>		5. Date of Birth of Child (Month, day, year) <u>Feb 9, 1891</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Woodford Gaines Wagoner</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Indianapolis, Indiana</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lillie Bell Weeks</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>Nevada</u> <u>Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>2</u>			
ATTENDANT'S CERTIFICATE			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> <u>3</u> P. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Lillie Bell Wagoner</u> , who is related to this child as <u>mother</u> (First name) (Last name) (Mother, etc.)			
25. Attendant's OWN signature		M.D. Midwife	Date
State of <u>Washington</u> } ss. County of <u>Yakima</u>		AFFIDAVIT to be completed when the attendant does not sign in Item 25.	
I, the undersigned, being first duly sworn, say that I am the <u>mother</u> of the person whose name appears in Item 4, above, that I am now <u>75</u> years of age, that I have known this person for <u>51</u> years, and that <u>Dr. Maxey</u> is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)			
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.			
		Signature <u>Lillie Bell Wagoner</u> Wapato, Washington P. O. Address	
Subscribed and sworn to before me this <u>7</u> day of <u>December</u> , 19 <u>42</u>			
(SEAL)		Notary Public, residing at <u>Wapato</u>	
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)			
Received for filing on <u>DEC 28 1942</u>		by <u>Mary E. B. B. B.</u> Registrar.	

DEC 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **363654**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Viola</u> (c) Street Address or R.F.D. No. <u>General</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>6</u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Viola</u> (d) Street Address or R.F.D. No. <u>General</u> (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Same</u>		

4. FULL NAME OF CHILD <u>Archie Lee Rowland</u>	5. Date of Birth of Child (Month, day, year) <u>6-25-1891</u>
6. Sex <u>Male</u> 7. Twin or Triplet <u>No</u> If so—born <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>9</u> 9. Legitimate?

FATHER OF CHILD 10. FULL NAME <u>Robert Edward Lee Rowland</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>22</u> yrs. 13. Birthplace <u>Trenton Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business	MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Loretta DePartee</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>18</u> yrs. 19. Birthplace <u>Salt Lake Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business
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22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) One **At time of birth and including this child** (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 1 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lee Rowland, who is related to this child as Father
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of Idaho } **AFFIDAVIT** to be completed when the attendant does not sign
County of NezPerce } in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 51 years, and that Lee Rowland, who attended this birth Cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Black. Signature

Subscribed and sworn to before me this 31 day of December, 1941
(SEAL) C. P. Hines Notary Public, residing at Lemmon Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 - 1943 by Mary E. Fisher, Registrar.

JAN 13 1943

FEB 15 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

413 226 019 533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **364048**
Local Reg. No.
Reg. Dist. No.

JAN 18 1945

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Custer (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Custer
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Ellis, Idaho

4. FULL NAME OF CHILD

Mary Emma Matley

6. Sex Female 7. Twin or Triplet if so—born 1st, 2nd, 3rd

10. FULL NAME

Charles Henry Matley

11. Color or Race White 12. Age at time of THIS birth 33 yrs.

13. Birthplace Chester, Pennsylvania (City or town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business Farming

16. FULL MAIDEN NAME

Edith Ellis

17. Color or Race White 18. Age at time of THIS birth 19 yrs.

19. Birthplace Salmon, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho County of Lemhi } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for since birth years, and that Elizabeth Basslow (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Ellis Matley Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of January, 1945

(SEAL) Frederick Hughes Smith Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

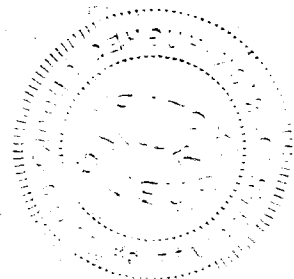
Received for filing on JAN 18 1945 by Mary E. E. E. E. Registrar.

JAN 19 1913

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

212-214003-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **364056**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Dr. Mote
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 66 yrs.
3. **RESIDENCE OF FATHER** (city, state) Oxford, Idaho

4. **FULL NAME OF CHILD** Susan Valentine Baker
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Feb. 14, 1891
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John Willard Baker
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Derbyshire, England
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Elizabeth Ann Gooch
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Yorkshire, England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature [Signature] M.D. Address Date

State of Idaho
County of Bannock ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 51 years, and that Doctor Mote who attended this birth Is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Miss Kate Andersson Signature

My Commission Expires Oct. 1, 1945

Subscribed and sworn to before me this 15th day of January, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
John B. Moore Notary Public, residing at Boise, Idaho

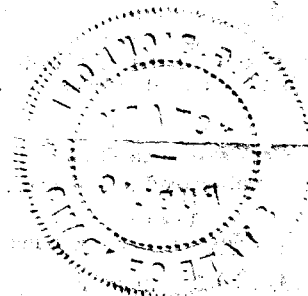
Received for filing on JAN 19 1943 by Mabel E. Eber, Registrar.

JAN 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



265-214-003-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **364064**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. N. Harrison
(d) Name of Hospital or Maternity Home:
at home

(e) Mother's stay BEFORE delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. N. Harrison
(e) How long has MOTHER lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello4. FULL NAME OF CHILD Isabel Bonner

5. Date of Birth of Child
(Month, day, year) Dec. 14, 1891

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Bonner
11. Color white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Newcastle, England
(City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Belle Steers
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Logan Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none to my knowledge
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears
in Item 4, above, that I am now 71 years of age, that I have known this person for 51 years, and that
Name unknown midwife who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs. Phoebe Grant

Signature

1224 N. Garfield, Pocatello, Ida P. O. Address

Subscribed and sworn to before me this 14th day of January, 1943

(SEAL)

Grace Birtline

Notary Public, residing at Pocatello, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943

by Mary B. Butler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County..... Canyon..... (b) City..... Caldwell.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... Idaho..... (b) County..... Canyon.....
(c) City..... Caldwell.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida.

4. **FULL NAME OF CHILD** Furman Harry Keller

5. Date of Birth of Child
(Month, day, year) 10-4-1891

6. Sex Male 7. Twin or Triplet 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Furman Lee Keller
11. Color or Race..... White..... 12. Age at time of THIS birth..... 46 yrs.
13. Birthplace..... Kingston Iowa.....
(City or town) (State or foreign country)
14. Exact Occupation..... Farmer.....
15. Industry or Business..... Farmer.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Ethelyn Dement
17. Color or Race..... White..... 18. Age at time of THIS birth..... 28 yrs.
19. Birthplace..... Near Mount Station, Ill......
(City or town) (State or foreign country)
20. Exact Occupation..... House Wife.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... 4..... (b) Born alive and now living..... 4.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of..... Idaho..... } ss.
County of..... Canyon.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... Acquaintance..... of the person whose name appears
in Item 4, above, that I am now..... 76..... years of age, that I have known this person for..... 51..... years, and that
Dr. Ed. Maxey....., who attended this birth..... deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Lizzie L Meek..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... 1st..... day of..... February....., 19..... 43
(SEAL) General D. Harris..... Notary Public, residing at..... Caldwell, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on..... by..... Mary E Elder....., Registrar.

FEB 2 1943

FEB 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits ~~of the father or mother of the child, or if~~ neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363-101 044-689

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Meador</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Meador</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.
3. RESIDENCE OF FATHER (city, state)		

4. FULL NAME OF CHILD <u>Fred Bruce Cochran</u>	5. Date of Birth of Child (Month, day, year) <u>July 17 1941</u>
6. Sex <u>Male</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Robert J. Cochran</u>	16. FULL MAIDEN NAME <u>Leibelle Frances White</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>		
12. Age at time of THIS birth <u>26</u> yrs.	18. Age at time of THIS birth <u>19</u> yrs.		
13. Birthplace <u>Tacoma Washington</u> (City or town) (State or foreign country)	19. Birthplace <u>Boston Mass</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>House Wife</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Ada

I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 51 years, and that Elij. Clay who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. Cunningham Signature

1201 N. 5th Boise P. O. Address

Subscribed and sworn to before me this 4th day of February, 1943

(SEAL) Pauline Ambrose Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on February 4-1943 by Mary E. Edger, Registrar.

FEB 4 1943

JUN 18 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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365451

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>LEMHI</u> (b) City <u>JUNCTION</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>5</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>LEMHI</u> (c) City <u>JUNCTION</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>SAME</u>		

4. FULL NAME OF CHILD <u>CLARA BLANCHE REDDINGTON</u>	5. Date of Birth of Child (Month, day, year) <u>JULY 17, 1891</u>
6. Sex <u>female</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet <u>Triplet</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD

10. FULL NAME <u>MILTON LLOYD REDDINGTON</u>
11. Color or Race <u>WHITE</u>
12. Age at time of THIS birth <u>48</u> yrs.
13. Birthplace <u>DUQUOINE ILLINOIS</u> (City or town) (State or foreign country)
14. Exact Occupation <u>RANCHER</u>
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>JULIA ELIZABETH IRVIN</u>
17. Color or Race <u>WHITE</u>
18. Age at time of THIS birth <u>45</u> yrs.
19. Birthplace <u>DUQUOINE ILLINOIS</u> (City or town) (State or foreign country)
20. Exact Occupation <u>HOUSEWIFE</u>
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>0</u>
23. Number of children of this mother: (a) At time of birth and including this child <u>9</u> (b) Born alive and now living <u>7</u>

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) related to this child as (Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife** **Address** **Date**

State of IDAHO } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of LEMHI } ss.

I, the undersigned, being first duly sworn, say that I am the SISTER of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 51 years, and that MRS. DUNLAP (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Reddington Stroud Signature

SALMON, IDAHO P. O. Address

Subscribed and sworn to before me this 26th day of JANUARY, 1943

(SEAL) Maurice C. McBride Notary Public, residing at SALMON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1943 by Marj E. Griffin Registrar.

JUL 2 1948

MAR 13 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

391-105029 294

365514

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Collier</u> (c) Street Address or R.F.D. No. <u>General Delivery</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>✓</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State _____ (b) County _____ (c) City _____ (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.
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4. FULL NAME OF CHILD <u>Lewis Carl Chaney</u> 7. Twin or <u>single</u> If so—born 6. Sex <u>masculine</u> Triplet _____ 1st, 2nd, 3rd _____ FATHER OF CHILD 10. FULL NAME <u>George W. Chaney</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Long Ill</u> (City or town) (State or foreign country) 14. Exact Occupation <u>General Farming</u> 15. Industry or Business <u>✓</u> , , , ,		5. Date of Birth of Child (Month, day, year) <u>Aug. 5, 1891</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u> MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Myrtle Inaud Sims</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>16</u> yrs. 19. Birthplace <u>Forest, Indiana</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business , , , ,	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum. ?
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at alive M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by George W. Chaney who is related to this child as Father (First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature _____ M.D. _____
Midwife _____ Address _____ Date _____

State of Idaho }
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 51 years, and that Dr. Stallin who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George W. Chaney Signature
Viola, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of October, 1942.

(SEAL) **HARRY A. THATCHER**, County Recorder, residing at Moscow, Idaho
Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated. BY Paul S. Pearson Deput.

Received for filing on JAN 30 1943 by Mary E. Miller Registrar.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-222 035-619

365563

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland Idaho
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
3. **RESIDENCE OF FATHER** (city, state) Leland Idaho

4. **FULL NAME OF CHILD** Mary Myrtle Johnson

5. Date of Birth of Child
(Month, day, year) Sept. 22-1891

6. Sex Girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** William Worth Johnson
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Kirt West Virginia
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alice F Ward
17. Color White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Leadville West Virginia
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho ss.
County of Latah

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 51 years, and that Joseph Cook, who attended this birth Deceased I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gold Sutherland Signature
Mona Sutherland P. O. Address

Subscribed and sworn to before me this 30 day of January, 1943

(SEAL) Martin Smiley Notary Public, residing at Mona Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1943 by Mabel Beeler, Registrar.

FEB 4 1943

AUG 7 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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736-204 003-396

365588

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Bannock</u> (b) City <u>Downey</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Family home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home - _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Downey</u> (d) Street Address or R.F.D. No. - (e) How long has MOTHER lived in Idaho? <u>14</u> yrs. (f) Mother's mailing address <u>Downey, Idaho</u>	
4. FULL NAME OF CHILD <u>Maggie Rosetta Shades Bloxham</u>		5. Date of Birth (Month, day, year) <u>1-4-1891</u>	
6. Sex <u>female</u>	7. Twin or Triplet <u>single</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Thomas Joseph Bloxham</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Kaysville, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Harriet Alice Croxall</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Staffordshire, England</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>---</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>6</u> (c) Born alive and now dead <u>-</u> (d) Stillborn <u>--</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>--</u> at <u>--</u> M. on the date <u>--</u> (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>--</u> , who is related to this child as <u>--</u> (First name) (Last name)			
26. (a) FEB 3 1943 (Date received) <u>Margaret E. Barger</u> (Registrar's signature)		25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____	
27. Given name added on _____ by _____ (Registrar's signature)			

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Related

I, Edith Ware, being first duly sworn, say that I am _____ (Related to (or) acquainted with)
Maggie Rosetta Bloxham as sister, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Barger, who attended
said birth is now deceased and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Edith Ware Signature
Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of February 1943
(SEAL) Grace Binstine Notary Public, residing at Pocatello, Ida

FEB 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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458-204023385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **365649**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Portneuf** (b) City **Pocatello**
(c) Street Address or R.F.D. No. **X**
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county **4** years **0** months **28** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Portneuf**
(c) City **Pocatello**
(d) Street Address or R.F.D. No. **0**
(e) How long has **MOTHER** lived in Idaho? **4** yrs.

3. RESIDENCE OF FATHER (city, state) **Pocatello, Id**

4. FULL NAME OF CHILD

Ruth Rosalie Mehse

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) **Nov. 4, 1891**
8. No. months of Pregnancy 9 **9. Legitimate? Yes**

FATHER OF CHILD

10. FULL NAME Louis August Edwin Emil Mehse
11. Color or Race German **12. Age at time of THIS birth 30 yrs.**
13. Birthplace Germany
(City or town) (State or foreign country)
14. Exact Occupation Restaurant proprietor
15. Industry or Business Restaurant

MOTHER OF CHILD

16. FULL MAIDEN NAME Core Inez Lynn
17. Color or Race American **18. Age at time of THIS birth 18 yrs.**
19. Birthplace Nr. Appleton City, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **alive** at **9 A.** M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Core Inez Mehse**, who is related to this child as **(Mother, etc.)** (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife

Address 1912-Vista Del Mar

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** (Mother, etc.) of the person whose name appears in Item 4, above, that I am now **70** years of age, that I have known this person for **life** years, and that **(First name) (Last name)**, who attended this birth. (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Core Inez Mehse Signature
1912 Vista Del Mar Ave Hollywood, Calif. P. O. Address

Subscribed and sworn to before me this **30** day of **January** **1943**, 19
(SEAL) **John H. Haly** Notary Public, residing at **Los Angeles**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.) **Chif**

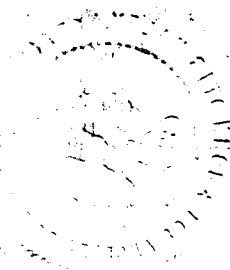
Received for filing on **FEB 8 1943** by **Mabel E. Haly** Registrar.

FEB 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

454714 022-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

365829

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Edgar Alma Medwed

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Peter Medwed
11. Color or Race white 12. Age at time of THIS birth 50 yrs.
13. Birthplace Australia
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

5. Date of Birth of Child
(Month, day, year) November 14, 1891

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Wilkinson
17. Color or Race white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Laurence, Massachusetts
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of _____
County of _____ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 50 years, and that _____, who attended this birth _____, I further state that _____
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah M. Canley
3210 So 8 East

Signature

P. O. Address

Subscribed and sworn to before me this 6 day of February, 1943
3/5/46 (SEAL) Glenn J. Dixon Notary Public, residing at Salt Lake City
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

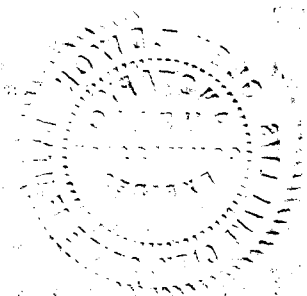
Received for filing on FEB 12 1943 by Mary E. Eder, Registrar.

FEB 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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299-102 037 419

365846

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Congress</u> (b) City <u>Bruneau Valley</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>6</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Congress</u> (c) City <u>Bruneau</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>13</u> yrs.	
4. FULL NAME OF CHILD <u>William Bethel Birch</u>		3. RESIDENCE OF FATHER (city, state) <u>Bruneau, Ida</u>	

7. Twin or Triplet <u>no</u> 8. No. months of Pregnancy <u>9</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 2 - 1891</u> 9. Legitimate? <u>yes</u>	
---	--	--	--

FATHER OF CHILD 10. FULL NAME <u>Samuel Bethel Birch</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Gene City</u> (City or town) <u>Calif.</u> (State or foreign country) 14. Exact Occupation <u>Ranchman</u> 15. Industry or Business <u>✓</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Annie Pauline Martin</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>32</u> yrs. 19. Birthplace <u>St. Johns</u> (City or town) <u>North Carolina</u> (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Ranching</u>	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Date**
 Midwife Address

State of Idaho }
 County of Elko } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the amnt of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for life years, and that Mrs. Lee Harris who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgiana Martin Signature
Elko, Idaho

Subscribed and sworn to before me this 6th day of February, 19 43
 (SEAL) Urbel McFarlane Notary Public, residing at Elko, Nev.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on FEB 12 1943 by Mary E. Eldon, Registrar.

FEB 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **365975**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Single
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 1/2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Single
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 1/2 yrs.

4. **FULL NAME OF CHILD** Fabian Dewine Ream

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD
10. **FULL NAME** William Dewine Ream
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Chariton Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer and Stockraiser
15. Industry or Business

3. **RESIDENCE OF FATHER** (city, state) Single Idaho
5. Date of Birth of Child Dec. 17 - 1891
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Nora Ellen Crockett
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Logan Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None used.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alice at 9 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Nora E. Ream, who is related to this child as Mother (Mother, etc.)
(First name) (Last name)

25. Attendant's OWN signature M.D. Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for all his life, and that Jane Sparks, who attended this birth is deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Ellen Crockett Ream Signature

My Commission Expires June 10, 1946-9-29 Gavista, Long Beach, California O. Address

Subscribed and sworn to before me this 13 day of February, 1943

(SEAL) Bertina R. Eldridge Notary Public, residing at 1414 E. 1st St. Long Beach, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1943 by Mary Elder Registrar.

FEB 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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563-211-208-699

365989

365989

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Sweet</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years <u>4</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boone</u> (c) City <u>Sweet</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>Georgenna May Noland</u>		5. Date of Birth of Child (Month, day, year) <u>March 11, 1891</u>	
6. Sex <u>Female</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>William Horas Noland</u> 11. Color or Race <u>Scotch</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Brooks, Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Jennie Elizabeth Wright</u> 17. Color or Race <u>Irish</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>Sedalia, Indiana</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 1.30 P M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by myself, who is related to this child as Aunt (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature Anna Noland M.D. Address Montour Date 2/17/'43
Midwife

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 52 yrs years, and that Margaret J. Noland who attended this birth. Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Anna Noland P. O. Address Montour Idaho
Subscribed and sworn to before me this 17 day of Feb, 19 43
(SEAL) J. A. Burdell Notary Public, residing at Montour Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

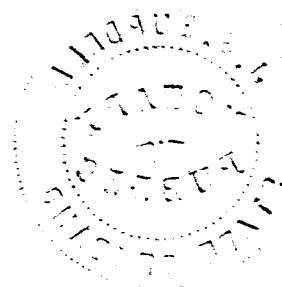
Received for filing on FEB 20 1943 by Mary E. Elder Registrar.

FEB 27 1943,

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

918-205 043-239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **366143**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County _____ (b) City Vanwick
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN THIS county Valley 2 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Valley
(c) City Vanwick
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD

Katie Jane Ray

5. Date of Birth of Child

(Month, day, year) April 5, 1891

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

one

8. No. months
of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Bert Ray

11. Color

or Race White

12. Age at time

of THIS birth 40 yrs.

13. Birthplace

(City or town)

Kintucky

(State or foreign country)

14. Exact

Occupation

Stockman & Farmer

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Stella Stickney

17. Color

or Race White

18. Age at time

18 yrs.

19. Birthplace

(City or town)

Michigan

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Oregon

County of Malheur

} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 52 years, and that Mrs. Bud Mathorn, who attended this birth, deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella Ray Butler
Nyssa Oregon

Signature

P. O. Address

Subscribed and sworn to before me this

20th day of

February

19 43

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Nyssa, Oregon

Received for filing on

FEB 23 1943

by

Mary E. Elder

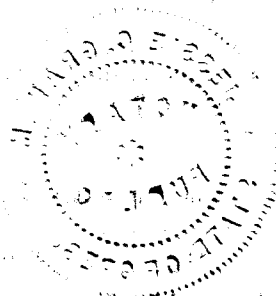
Registrar.

FEB 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

796 124030 492

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **367366**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lemhi (b) City Bannister
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lemhi
(c) City _____
(d) Street Address or R.F.D. No. Bannister
(e) How long has MOTHER lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD

Frank Phillip Proulx

5. Date of Birth of Child

(Month, day, year) 6-24-1891

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Michael Proulx

11. Color or Race

White

12. Age at time of THIS birth

29 yrs.

13. Birthplace

Canada

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME

Minnie Dishno

17. Color or Race

White

18. Age at time of THIS birth

19 yrs.

19. Birthplace

Michigan

(City or town)

(State or foreign country)

20. Exact Occupation

House Wife

21. Industry or Business

House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Rose at 6 AM M. on the date 6-24-1891 and at the place stated above, and that personal particulars were furnished by Rose Dishno, who is related to this child as Mother (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Rose Dishno

M.D. Midwife

Address Bannister Date 1891

State of IDAHO } ss.
County of LEMHI

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 50 years, and that Rose Dishno, who attended this birth deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Proulx Signature

Subscribed and sworn to before me this 23 day of February, 1943

(SEAL) May V. Storr Notary Public, residing at Leadon, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by _____, Registrar.

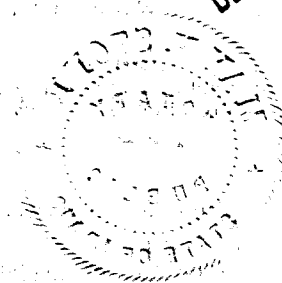
MAY 7 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 14 1951



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613102026.533
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

367400
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Jefferson</u> (b) City <u>Lewisville</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>8</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Jefferson</u> (c) City <u>Lewisville</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>8</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Lewisville Idaho</u>		

4. FULL NAME OF CHILD <u>Erastus Karl Walker</u>	5. Date of Birth of Child (Month, day, year) <u>June 2-1891.</u>
6. Sex <u>male</u>	7. Twin or Triplet <u>single</u> If so—born 1st, 2nd, 3rd <u>1</u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD

10. FULL NAME <u>Erastus Walker</u>
11. Color or Race <u>white</u>
12. Age at time of THIS birth <u>24</u> yrs.
13. Birthplace <u>Deseret, Utah.</u> (City or town) (State or foreign country)
14. Exact Occupation <u>farmer</u>
15. Industry or Business <u>farmer</u>

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Alice Eliza Ellsworth.</u>
17. Color or Race <u>white</u>
18. Age at time of THIS birth <u>21</u> yrs.
19. Birthplace <u>Raymond, Utah.</u> (City or town) (State or foreign country)
20. Exact Occupation <u>farmer's housewife</u>
21. Industry or Business <u>housewife.</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>none.</u>
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> . (b) Born alive and now living <u>12</u>

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. Attendant's OWN signature	M.D. Midwife	Address	Date
--------------------------------------	---------------------	----------------	-------------

State of <u>Idaho</u>	} ss.	AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of <u>Jefferson</u>		

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4 above, that I am now 75 years of age, that I have known this person for 52 years, and that Harriet Gabell is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Miller Signature
Lorenzo--1, Idaho. P. O. Address

Subscribed and sworn to before me this 20th day of February, 1943
(SEAL) Robert H. Bennett Notary Public, residing at Rigby, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 - 1943 by Mary E. Elder, Registrar.

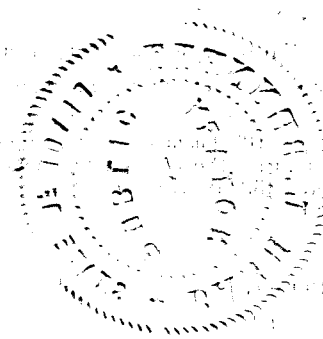
MAR 2

1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

595-215007-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

367403

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. Deer Creek
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. Deer Creek
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Ida

4. FULL NAME OF CHILD

Eleanor Ernst

5. Date of Birth of Child
(Month, day, year)

3/15/1891

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Fountain Ernst
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Kansas City, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Estella Geneva Sharps
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Oxford, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of } ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of in Item 25.

I, the undersigned, being first duly sworn, say that I am the Neighbor of the person whose name appears
in Item 4, above, that I am now years of age, that I have known this person for 52 years, and that
Musterson, J. Sharps (First name) (Last name) who attended this birth. is now deceased I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs. P. P. McManis Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1943.

(SEAL) B. P. Thamm Notary Public, residing at Hailey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 - 1943 by W. J. Elder Registrar.

MAR 2

1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 202-001 469

367477

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years 10 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Star, Idaho

4. **FULL NAME OF CHILD** Bessie Martin
6. Sex F 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) July 2, 1891

FATHER OF CHILD
10. **FULL NAME** Thomas Benton Martin
11. Color W. Searcy 12. Age at time of THIS birth 32 yrs.
13. Birthplace Arkansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Jane Morris
17. Color W. B. Burn 18. Age at time of THIS birth 32 yrs.
19. Birthplace Arkansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother (At time of birth and including this child) 7 Born alive and now living 6

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY that Mary Jane Martin attended the birth of this child, who was Born alive on the date July 2, 1891 at Star, Idaho (Born alive, stillborn) 9 P. M. on the date July 2, 1891 and at the place stated above, and that personal particulars were furnished by Mary Jane Martin, who is related to this child as (First name) (Last name)

25. Attendant's M.D. Midwife Address R.F.D. Meridian, Ida Date 5/4/42
OWN signature [Signature]
State of Idaho County of Ada { ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the [Signature] of the person whose name appears in Item 4, above, that I am now — years of age, that I have known this person for — years, and that [Signature], who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature [Signature]
P. O. Address [Signature]

Subscribed and sworn to before me this — day of —, 19—
(SEAL) Notary Public, residing at [Signature]
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-214, Idaho Code Annotated.)

Received for filing on MAR 8 1943 by [Signature] Registrar.

STATE

2 (This bill is intended to amend the law relating to the registration of births and deaths in this state.)
1
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4

CHAPTER 139
OF THE
STATUTES OF THE
STATE OF ILLINOIS

RECEIVED
JAN 11 1937
DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred, subsequent to such date, such report may be received and filed by the local registrar, and recorded in the system of vital statistics for the purpose and uses prescribed in Chapter 1, Title 20, Public Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or of either, or of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **367503**
Local Reg. No. **44**
Reg. Dist. No. **441**

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Franklin (b) City Glendale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Franklin
(c) City Glendale
(d) Street Address or R.F.D. No. 1

(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Glendale, Ida

4. FULL NAME

OF CHILD William Henry Auger

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) January 1, 1891

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Daniel Auger
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace England
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ellen Hibbert
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Enterprise Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by L. C. Larsen, who is
(First name) (Last name)
related to this child as neighbor
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho }
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Neighbor of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 52 years, and that Fannie Swan, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L. C. Larsen Signature

238 E 1 S Preston, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of March, 1943

(SEAL)

Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 3-1-1943 by Effie W. Brauer, Registrar.

MAR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

367625

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Utah (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Utah

4. **FULL NAME OF CHILD** Elizabeth Hargraves
5. Date of Birth of Child
(Month, day, year) May 20, 1891
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Samuel Hargraves
11. Color or Race White 12. Age at time of THIS birth 47 yrs.
13. Birthplace Farmington, Utah
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emily Merrill
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as Sister
(Mother, etc.) (First name) (Last name)

25. **Attendant's OWN signature** _____ **M.D.** _____
Midwife _____ **Address** _____ **Date** _____

State of California } **AFFIDAVIT** to be completed when the attendant does not sign
County of San Joaquin } in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 62 years, and that Dr. Knowles who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza J. Hauck

Signature

Rt 2, Box 228 B. Manteca P. O. Address

Subscribed and sworn to before me this 6th day of February, 1943

(SEAL)

E. E. Thomas

Notary Public, residing at Manteca, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

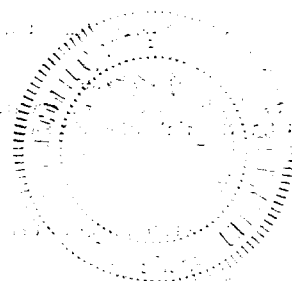
Received for filing on MAR 9 - 1943 by Mary E. Elder, Registrar

MAR 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

251-221-229 419

367668

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 5 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 1

(e) How long has MOTHER lived in Idaho? 5 yrs

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD

Ixha Jeannette Bean

6. Sex Female 7. Twin or Triplet - If so—born 1st, 2nd, 3rd -

5. Date of Birth of Child (Month, day, year) July 21, 1891
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter Wallace Bean
11. Color Scotch 12. Age at time of THIS birth 33 yrs.
13. Birthplace Stevens Point Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Arabelle Dailey
17. Color Irish 18. Age at time of THIS birth 31 yrs.
19. Birthplace Des Moines Iowa
(City or town) (State or foreign country)
20. Exact Occupation Farmer's Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date Jan 8 1943

State of Washington ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 51 years, and that Grandma Burden who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chie B Holmes Signature
Parkwater Wash P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1943
(SEAL) Herman M. Saunders Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 1 1943 by Mary J. Elder Registrar.

MAR 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

643-219-025-433

369108

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 2 5 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

- | | |
|--|--|
| <p>1. PLACE OF BIRTH:
(a) County... <u>Idaho</u>..... (b) City... <u>Mount. Idaho</u>.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: <u>Home</u>.....
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home..... days.
In THIS county... <u>10</u> years..... months..... days.</p> | <p>2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State... <u>Idaho</u>..... (b) County... <u>Idaho</u>.....
(c) City... <u>Mount. Idaho</u>.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? <u>10</u> yrs.
(f) Mother's mailing address... <u>Mount. Idaho</u>... <u>Idaho</u>.....</p> <p>3. RESIDENCE OF FATHER (city, state) <u>Mount. Idaho</u>.....</p> |
|--|--|

- | | |
|--|---|
| <p>4. FULL NAME OF CHILD..... <u>Alatha Odle</u>.....</p> <p>6. Sex... <u>female</u>.....</p> | <p>5. Date of Birth..... <u>Idaho</u>
(Month, day, year) <u>Jan. 19, 1891</u>.....</p> <p>7. Twin or Triplet.....
If so—born 1st, 2nd, 3rd.....</p> <p>8. No. months of Pregnancy <u>9</u>.....</p> <p>9. Legitimate? <u>yes</u>.....</p> |
|--|---|

- | | |
|--|---|
| <p>FATHER OF CHILD</p> <p>10. FULL NAME <u>George Ransome Odle</u>.....</p> <p>11. Color or Race... <u>white</u>..... 12. Age at time of THIS birth... <u>32</u> yrs.
(City or town)..... (State or foreign country).....</p> <p>13. Birthplace... <u>Wilbur, Oregon</u>.....
(City or town)..... (State or foreign country).....</p> <p>14. Exact Occupation... <u>Carpenter</u>.....</p> <p>15. Industry or Business... <u>Building</u>.....</p> | <p>MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Julia Skelton Mc. Cready</u>.....</p> <p>17. Color or Race... <u>white</u>..... 18. Age at time of THIS birth... <u>28</u> years
(City or town)..... (State or foreign country).....</p> <p>19. Birthplace... <u>Mariposa, California</u>.....
(City or town)..... (State or foreign country).....</p> <p>20. Exact Occupation... <u>housewife</u>.....</p> <p>21. Industry or Business... <u>home</u>.....</p> |
|--|---|

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown.....
23. Number of children of this mother: (a) At time of birth and including this child... 1..... (b) Born alive and now living... 2.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(born alive, stillborn).....
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

26. (a)..... MAR 26 1943..... (b).....
(Date received)..... (Attendant's signature).....
25. Attendant's
OWN signature..... M.D. or
(D.O., Midwife, etc.)
and address..... Date.....
27. Given name added on..... by.....
(Registrar's signature).....

State of..... Washington..... } ss.
County of..... Asotin.....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Julia Odle....., being first duly sworn, say that I am..... related to.....
(Name of person on certificate above)..... (Related to (or) acquainted with)
Alatha Odle..... as..... mother....., whose birth certificate
(State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that..... Dr. Bibby....., who attended
(Name of attendant at birth)
said birth..... is now deceased..... and that this birth has not been previously recorded.
(is now deceased (or) cannot be located)

Julia Odle..... Name
Clarkston, Washington..... P. O. Address
Subscribed and sworn to before me on this..... 23rd day of..... March..... 1943.....
(SEAL)..... Notary Public, residing at..... Clarkston, Wash......

MAR 26 1943

JUN 4 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

165-206-036-165

369186

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **369186**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Oreida** (b) City **Malad**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Oreida**
(c) City **Pocatello**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **13** yrs.

4. FULL NAME OF CHILD **Mary Jones**

3. RESIDENCE OF FATHER (city, state) **Pocatello Idaho**
5. Date of Birth of Child
(Month, day, year) **Aug. 6, 1891**

6. Sex **Female** 7. Twin or Triple **No** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD
10. FULL NAME **David Jones**
11. Color or Race **white**
12. Age at time of THIS birth **38** yrs.
13. Birthplace **South Wales**
(City or town) (State or foreign country)
14. Exact Occupation **Stationary Engin. W.P.R.R.**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **Mary Jones**
17. Color or Race **white**
18. Age at time of THIS birth **33** yrs.
19. Birthplace **mt. Ash South Wales**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's signature **Idaho** M.D. Address Date
OWN signature Midwife

State of **Idaho** } ss.
County of **Oreida**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the **Uncle** of the person whose name appears in Item 4, above, that I am now **81** years of age, that I have known this person for **51** years, and that **Dr. Morgan** who attended this birth **deceased** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws: (First name) (Last name) (Is now deceased) or (Cannot be located)

W. F. Gores Signature
Malad Idaho P. O. Address
Subscribed and sworn to before me this **31st** day of **March**, 19 **43**
(SEAL) **Alice Warner** Notary Public, residing at **Malad, Idaho**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

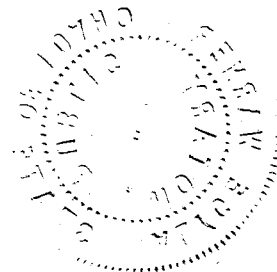
Received for filing on **APR 12 1943** by **Mary E. Edd** Registrar.

APR 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-106-001-413

(Be sure the information is as of date of birth of THIS child.)

369196 369196

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>A da</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>A da</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>John William Stanton</u>		5. Date of Birth of Child (Month, day, year) <u>Sept. 16, 1891</u>	
6. Sex <u>Male</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy 9. Legitimate?	
FATHER OF CHILD 10. FULL NAME <u>Charles Albert Stanton</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>Battle Creek, Mich.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Ann Daly</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Futman, Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of Idaho } ss.
County of Ada }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 69 years of age, that I have known this person for 51 years, and that
Margaret Daly who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Larry Alvina Marshall Signature
Route 3, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of April, 1943.

(SEAL)

Wm. S. Striban Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1943 by Mary E. Elden Registrar.

APR 16 1943

AUG 31 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

210-226-010-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Horatia Sawyer
6. Sex Female
7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child, Oregon
(Month, day, year) Sept. 26, 1891
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** James Hackett Sawyer
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Salvania Ohio
(City or town) (State or foreign country)
14. Exact Occupation Timekeeper
15. Industry or Business Lumber mill

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lillian May Moore
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Jackson Michigan
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 400 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Termination of Alaska
County of 12 divisions } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brown of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 57 years, and that James Wilson who attended this birth. Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James H. Sawyer Jr. Signature
Sawyer's Lumber Alaska P. O. Address

Subscribed and sworn to before me this 23rd day of January, 1943

(SEAL) James P. Ryan Notary Public, residing at Juneau, Alaska
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires October 9, 1943

Received for filing on APR 2 1943 by Wm. S. B. Jones Registrar.

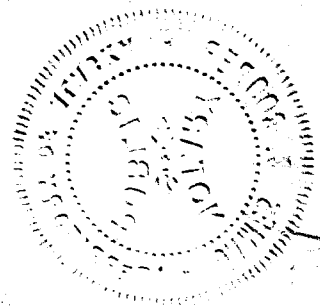
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope, bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

328736
APR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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249-210 D 14-73

United States
Department of Commerce
Bureau of the Census

APR

5 1943

The information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

369436

1. PLACE OF BIRTH (All items at time of this birth)

(a) County CANYON (b) City MIDDLETON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 7 months 2 days

4. FULL NAME OF CHILD WINNIE ELLEN SMITH

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME FRANCIS MARION SMITH

11. Color or Race WHITE 12. Age at time of THIS birth 40 yrs.

13. Birthplace BARRY, MOISSOURI
(City or town) (State or foreign country)

14. Exact Occupation TEAMSTER & DRAYMAN

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County CANYON
(c) City MIDDLETON
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) MIDDLETON, IDAHO

5. Date of Birth of Child
(Month, day, year) May 10 1891

8. No. months of Pregnancy 9 9. Legitimate? YES

MOTHER OF CHILD

16. FULL MAIDEN NAME CARRIE Isabella Gail

17. Color or Race WHITE 18. Age at time of THIS birth 25 yrs.

19. Birthplace SAMS VALLEY OREGON
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of _____ } ss.
County of _____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 52 years, and that D. C. E. Lee, who attended this birth. (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

X [Signature]

Signature

Subscribed and sworn to before me this 29th day of March, 1943

(SEAL)

Notary Public Not and Public State of Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, as amended, 1st, 1945.)

Received for filing on _____ by Marie Elder, Registrar.

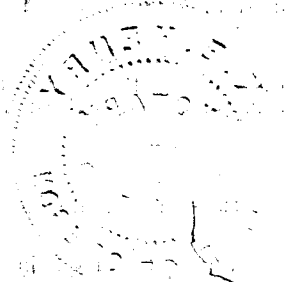
APR 5 1943

APR 8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-105-016-449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **369502**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Oakley</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home (Res.)</u> (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of the birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Oakley</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>11</u> yrs.
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4. FULL NAME OF CHILD <u>William Arthur Smith</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	5. Date of Birth of Child (Month, day, year) <u>May 5, 1891</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>
---	---

FATHER OF CHILD 10. FULL NAME <u>Hyrum Smith</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Birmingham England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____	MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Emily Jane Durfee</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>21</u> yrs. 19. Birthplace <u>Marysville Mo.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housekeeper</u> 21. Industry or Business _____
---	---

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Cassia

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 51 years, and that Jennetta Whittle who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 190, 1937 Session Laws.

Signature Emily Jane Smith P. O. Address Oakley Idaho.

Subscribed and sworn to before me this 9 day of April, 1943

(SEAL) _____ Notary Public, residing at _____
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mary E Elder Registrar.
 My Commission expires Jan. 6, 1945 **APR 14 1948**

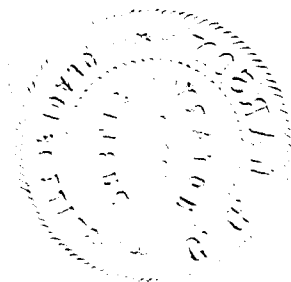
APR 14 1943

APR 6 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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363 225028 999

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **370807**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Post Falls (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Post Falls
(c) City Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Fannie Fyson Colgate

5. Date of Birth of Child
(Month, day, year) Nov 25, 1891

6. Sex Female 7. Twin or Triplet If so - born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Tracy Colgate
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Rent (City or town) England (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Fyson Irish
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Warboys Huntingdonshire (City or town) (State or foreign country)
20. Exact Occupation England
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

and at the place stated above, and that personal particulars were furnished by (First name) (Last name)
who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Washington } ss.
County of Spokane

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
above, that I am now 88 years of age, that I have known this person for since 1891 years, and that
Mrs Keite who attended this birth at now deceased I further

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1927 Session Laws.

Fannie Fyson Colgate
R. J. 3. Spokane Wash P. O. Address

Subscribed and sworn to before me this 17th day Nov, 1941

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public, residing at Spokane

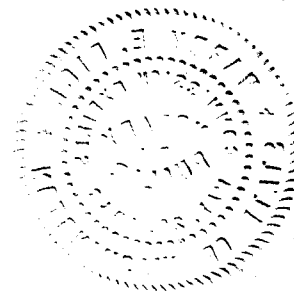
Received for filing on APR 26 1943 by Mabel Fyson Registrar.

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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863-225040-893

370825

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Kingston</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years <u>4</u> months <u></u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Kingston</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>7 yr 4 mo</u>	
4. FULL NAME OF CHILD <u>Marjorie Jane Holland</u> 7. Twin or Triplet <u></u> If so—born 1st, 2nd, 3rd <u></u>		5. Date of Birth of Child (Month, day, year) <u>Aug 25, 1891</u>	
6. Sex <u>female</u>		8. No. months of Pregnancy <u>9</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Robert Thomas Holland</u>		16. FULL MAIDEN NAME <u>Luzana Helton (Smith)</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>41</u> yrs.		18. Age at time of THIS birth <u>38</u> yrs.	
13. Birthplace <u>Port Huron Mich</u> (City or town) (State or foreign country)		19. Birthplace <u>Bangor Maine</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Lumberman</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of Idaho }
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 52 years, and that is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank J. Smith Signature

Kingston, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of April, 1943

(SEAL) [Signature] Notary Public, residing at Kingston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

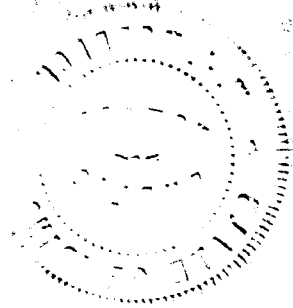
Received for filing on APR 26 1943 by Mary E. Elder Registrar.

SEP 21 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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259 118 040 464

370936

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Gems</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mothers stay BEFORE delivery: In THIS county years months <u>1</u> - days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Gems</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>1 mo</u> yrs.	
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4. FULL NAME OF CHILD <u>Gerald Edward Bergeron</u> 7. Twin or Triplet 8. Sex <u>Male</u> 9. If so—born 1st, 2nd, 3rd	5. Date of Birth of Child (Month, day, year) <u>Dec. 15, 1891</u> 6. No. months of Pregnancy <u>9</u> 7. Legitimate? <u>yes</u>
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FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Arcade Bergeron</u>	16. FULL MAIDEN NAME <u>Felicia Mousette</u>	17. Color or Race <u>French</u>	18. Age at time of THIS birth <u>25</u> yrs.
11. Birthplace <u>St. Germaine, Canada</u> (City or town) (State or foreign country)	19. Birthplace <u>Mendota, Wisconsin</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at 10 P. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Felicia
(First name) (Last name)
who is related as Mother
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of Oregon } ss.
County of Madras }

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
above, that I am now 76 years of age, that I have known this person for years, and that
....., who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

MY COMMISSION EXPIRES JULY 27, 1948

Subscribed and sworn to before me this 28 day of April, 1943
(SEAL) P.C. Phadon Notary Public, residing at Portland, Or.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 - 1943 by Mary E. Elder Registrar.

1943 MAY 3

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
MAY 4 1943
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **371055**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Tremont</u> (b) City <u>St Anthony</u> (c) Street Address or R.F.D. No. <u>Country</u> (d) Name of Hospital or Maternity Home: <u>farm home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Tremont</u> (c) City <u>near St Anthony</u> (d) Street Address or R.F.D. No. <u>3</u> (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>Rolland Quincy McBee</u>		5. Date of Birth of Child (Month, day, year) <u>Dec 24, 1897</u>	
6. Sex <u>male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>no</u> (If so—born 1st, 2nd, 3rd <u>✓</u>)		9. Legitimate <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Samuel Robinson McBee</u>		16. FULL MAIDEN NAME <u>Flora Jane Hatfield</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>37</u> yrs.		18. Age at time of THIS birth <u>32</u> yrs.	
13. Birthplace (City or town) <u>Tremont</u> (State or foreign country) <u>Idaho</u>		19. Birthplace (City or town) <u>Moravia</u> (State or foreign country) <u>Iowa</u>	
14. Exact Occupation <u>farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business <u>housekeeping</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Canada } ss.
County of Alberta

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 51 years, and that Samuel R. McBee who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan Jaxel McBee Signature
RR1 High River P. O. Address

Subscribed and sworn to before me this 26th day of April, 19 43
(SEAL) Notary Public, residing at High River Alberta
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Maryl Elder Registrar.

MAY 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-225044-128

(Be sure the information is as of date of birth of THIS child.)

371236 371236

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Wash.</u>	(b) City <u>Salubria</u>	(a) State <u>Idaho</u>	(b) County <u>Wash Co</u>
(c) Street Address or R.F.D. No.		(c) City <u>Salubria</u>	
(d) Name of Hospital or Maternity Home:		(d) Street Address or R.F.D. No.	
(e) Mothers stay BEFORE delivery: In THIS county <u>8</u> years months days		(e) How long has MOTHER lived in Idaho? <u>40</u> yrs.	

4. FULL NAME OF CHILD <u>Ida Margaret Wilkerson</u>	5. Date of Birth of Child (Month, day, year) <u>May 25, 1991</u>
6. Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u>
8. If so—born 1st, 2nd, 3rd <u>2nd</u>	8. No. months of Pregnancy <u>9</u>
9. Legitimate? <u>yes</u>	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William H. Wilkerson</u>	16. FULL MAIDEN NAME <u>Mary Ella Ashley</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>		
12. Age at this birth <u>64</u> yrs.	18. Age at time of THIS birth <u>35</u> yrs.		
13. Birthplace <u>near Chicago Illinois</u> (City or town) (State or foreign country)	19. Birthplace <u>Eugene Oregon</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farming</u>	20. Exact Occupation <u>Seamstress</u>		
15. Industry or Business <u>Farmer</u>	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature Eugene Gorrie Address _____ Date _____

State of Idaho } ss. County of Ada

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for life years, and that I was attendant who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19_____.

(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1943 by Marv E. Eder, Registrar.

JUN 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318 701 029 733

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **371262**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Datuk</u> (b) City <u>Palouse</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>8</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Datuk</u> (c) City <u>Palouse</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>8</u> yrs.	
4. FULL NAME OF CHILD <u>Guy Alden Layton</u>		3. RESIDENCE OF FATHER (city, state) <u>Palouse Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Oct. 1st 1891</u>	
6. Sex <u>Male</u>		7. Twin or Triplet If so, born 1st, 2nd, 3rd 8. No. months of Pregnancy <u>9</u> 9. Legitimate?	
FATHER OF CHILD 10. FULL NAME <u>Thurston Layton</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>39</u> yrs. 13. Birthplace <u>Albany Oregon</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Labor</u> 15. Industry or Business <u>Industry</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Maggie Allphin</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace <u>Albany Oregon</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business <u>of Home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>8</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
 State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Datuk

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 69 years, and that Guy Alden Layton, who attended this birth, Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Layton Signature
Mrs. M. J. P. O. Address

Subscribed and sworn to before me this 6 day of May 1943
 (SEAL) [Signature] Notary Public, residing at Mrs. M. J. P. O. Address
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 17 1943 by Mary E. Elder Registrar.

MAY 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

214-108-229-614

372328

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Juliaetta

4. FULL NAME OF CHILD JOSEPH WILLIAM BAUER

5. Date of Birth of Child
(Month, day, year) Sept. 8, 1891

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mathias J. Bauer
11. Color Caucasian 12. Age at time of THIS birth 47 yrs.
13. Birthplace Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Builder
15. Industry or Business Construction

MOTHER OF CHILD

16. FULL MAIDEN NAME Barbara Faultemier
17. Color Caucasian 18. Age at time of THIS birth 35 yrs.
19. Birthplace Fox Lake, Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon ss.
County of Cassidy

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the older brother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 52 years, and that

Mrs. Meingossner, who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred L. Bauer Signature
Gold Beach, Oregon. P. O. Address

Subscribed and sworn to before me this 18th day of February, 1943.

(SEAL)

Opta A. Walker, Jr., Clerk Notary Public, residing at Gold Beach, Oregon

(Note: Perjury is punished more severely in Idaho than in any other State. See Sec. 17-1014, Idaho Code Annotated.)

Received for filing on.....by Mary Elder, Registrar.

MAY 24 1943

MAY 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

439-1221001-556

372382

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 20 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:

In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise

(d) Street Address or R.F.D. No. Rural

(e) How long has MOTHER lived in Idaho? four yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD

GEORGE W. MCINTYRE

5. Date of Birth of Child

(Month, day, year) June 22, 1891

6. Sex

Male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Joseph C. McIntyre

11. Color or Race

White

12. Age at time of THIS birth

29 yrs.

13. Birthplace

Canada

(City or town)

(State or foreign country)

14. Exact Occupation

Stone Mason

15. Industry or Business

Various

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary E. Newbanks

17. Color or Race

White

18. Age at time of THIS birth

24 yrs.

19. Birthplace

Missouri

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at..... M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of California

County of Los Angeles

ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 76 years of age, that I have known this person for from birth years, and that

no attendant

(First name)

(Last name)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 12th day of March, 1943

(SEAL)

(Note: Perjury is punishable by law in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... by Mary E. Elder, Registrar.

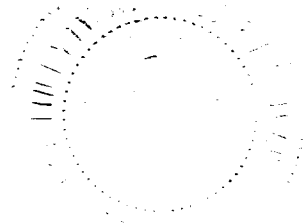
Notary Public, residing at Long Beach, Calif.
My Commission Expires Oct. 23, 1944

MAY 25 1943,

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



867-223-019-713

372409

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No. XXXXXXXXXX
(d) Name of Hospital or Maternity Home:
In home on farm
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 20 years 0 months 22 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No. XXXXXXXXXX
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
3. **RESIDENCE OF FATHER** (city, state) Challis, Idaho.

4. **FULL NAME OF CHILD** Ada Evelyn Hopper 5. Date of Birth of Child
(Month, day, year) Oct. 23, 1895.

6. Sex Girl 7. Twin or Triplet Triple If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry S. Hopper
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Humansville Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Pauline Galland
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Bolivar Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of California } ss.
County of Sutter

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now Seventy six years of age, that I have known this person for Fifty two years, and that
Mrs Sylvia Galland who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

* Frances Pauline Hopper Signature
Live Oak, Calif. P. O. Address

Subscribed and sworn to before me this 19th. day of May, 1943.

(SEAL)

J. T. Bouyea Notary Public, residing at Live Oak, Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1943 by Maud E. Eder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1943.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink on BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

713-215-004-814

United States
Department of Commerce
Bureau of the Census

MAY 25 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372435
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Dear Lake (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:
In THIS county 23 years 8 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Dear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 23 yrs.

4. FULL NAME OF CHILD

Deulah Virginia Gallyer

5. Date of Birth of Child

Oct. 18, 1891
(Month, day, year)

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Willard Gallyer
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Murray Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Elizabeth Haddock
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Bloomington Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____ Midwife _____

AFFIDAVIT

State of Utah County of Dear Lake ss.
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 23 years of age, that I have known this person for 5 1/2 years, and that Sarah Greenhalgh who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Elizabeth Gallyer Signature
926 Blaine Ave Salt Lake City P. O. Address

Subscribed and sworn to before me this 24th day of May, 1943
(SEAL) Martha Beck Notary Public, residing at Salt Lake City Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

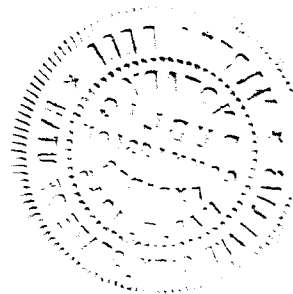
Received for filing on MAY 27 1943 by Mabel E. Eder Registrar.

MAY 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

396-22-035-519

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **372520**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **NezPerce** (b) City **Southwick**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
born at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county **8** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **NezPerce**
(c) City **lived on a ranch**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **18** yrs.

4. FULL NAME OF CHILD

Delphina Esther Crockett

5. Date of Birth of Child

(Month, day, year) **Oct. 12, 1891**

6. Sex

Female

7. Twin or
Triplet **no**

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy **9**

9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME

Joseph Fredrick Crockett

11. Color
or Race **white**

12. Age at time
of THIS birth **42** yrs.

13. Birthplace **Westbrook Maine**

(City or town) (State or foreign country)

14. Exact
Occupation **Rancher**

15. Industry or
Business **Rancher**

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ella Jane Harmon

17. Color
or Race **white**

18. Age at time
of THIS birth **40** yrs.

19. Birthplace **Westbrook, Maine**

(City or town) (State or foreign country)

20. Exact
Occupation **housewife**

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **P.** M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by **me**
(First name) (Last name)
who is related as **sister**
(Mother, etc.)

25. Attendant's
OWN signature

deceased

M.D.
Midwife

Address

Date

State of **Washington**
County of **Pierce** } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **sister** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **69** years of age, that I have known this person for **51** years, and that
do not remember who attended this birth **is now deceased** I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Grace L. Snell Signature

202 2nd. Ave N.E. Puyallup, Wash. P. O. Address

Subscribed and sworn to before me this **17th.** day of **April,** 19**43.**

(SEAL)

Geo. H. Edgerly

Notary Public, residing at **Puyallup, Wash.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

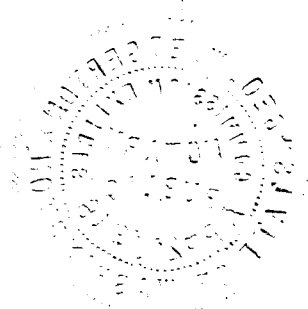
Received for filing on **JUN - 3 1943** by **Mary E. Elder** Registrar.

JUN 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

86-214-044-395

372624

372624

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County WASHINGTON (b) City INDIAN VALLEY
(c) Street Address or R.F.D. No. IDAHO.

(d) Name of Hospital or Maternity Home:

PARENTS HOME INDIAN VALLEY IDAHO

(e) Mother's stay BEFORE delivery:

IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State (b) County

(c) City

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, INDIAN VALLEY IDA.

5. Date of Birth of Child

(Month, day, year) March 14 1891

4. FULL NAME

OF CHILD Flora ELLEN HAWORTH

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy

9. Legitimate? YES

6. Sex

FEMALE

FATHER OF CHILD

10. FULL

NAME SYLVESTER HAWORTH

11. Color

or Race WHITE

12. Age at time

of THIS birth 44 yrs.

13. Birthplace

(City or town)

IONA

(State or foreign country)

14. Exact

Occupation

FARMING

15. Industry or

Business

FARMING

MOTHER OF CHILD

16. FULL MAIDEN

NAME

SUSIE LINDAY

17. Color

or Race WHITE

18. Age at time

of THIS birth 22 yrs.

19. Birthplace

(City or town)

MO

(State or foreign country)

20. Exact

Occupation

HOUSEWIFE

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of

IDAHO

County of

ADAMS

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 52 years, and that

ANNA WILKERSON

(First name)

(Last name)

, who attended this birth DECEASED I further state that

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ivy A. Anderson

Signature

INDIAN VALLEY IDAHO.

P. O. Address

Subscribed and sworn to before me this 13 day of JUNE, 1943.

(SEAL)

P. H. Ware

Notary Public, residing at INDIAN VALLEY

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JUN 15 1943

by

Mabel E. Eder

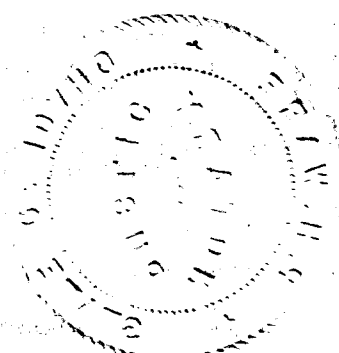
Registrar.

JUN 15 1943.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-206.001-625

372672

372672

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Neither - at home</u> (e) Mothers stay <u>BEFORE</u> delivery: In <u>THIS</u> county <u>12</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Mary Helen Bennett</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 6, 1891</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>Neither</u>	8. No. months of Pregnancy <u>Nine</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James A. Bennett</u>		16. FULL MAIDEN NAME <u>Margaret Obenchain</u>	
11. Color or Race <u>White - American</u>	12. Age at time of THIS birth <u>26</u> yrs.	17. Color or Race <u>White-American</u>	18. Age at time of THIS birth <u>20</u> yrs.
13. Birthplace <u>Ft. Leavenworth, Kansas</u> (City or town) (State or foreign country)		19. Birthplace <u>Ft. Collins, Colorado</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Irrigation foreman</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Irrigation company</u>		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>One</u> (b) Born alive and now living <u>Two</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now Seventy-eight years of age, that I have known this person for Fifty-two years, and that Dr. John Bowers who attended this birth is deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16th day of July, 1943

(SEAL) _____, Notary Public, residing at Meridian, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1943 by Mary E. Elder, Registrar.

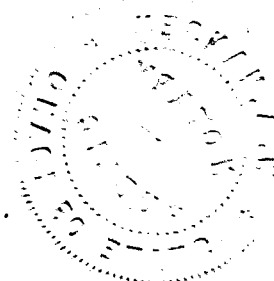
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



384-117-225-793

372833

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Idaho</u>	(b) City <u>Grangeville</u>	(a) State <u>Idaho</u>	(b) County <u>Idaho</u>
(c) Street Address or R.F.D. No. _____		(c) City <u>on farm, Grangeville</u>	
(d) Name of Hospital or Maternity Home: _____		(d) Street Address or R.F.D. No. _____	
(e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		(e) How long has MOTHER lived in Idaho? <u>46</u> yrs.	
4. FULL NAME OF CHILD <u>Ray Nathaniel Church</u>		5. Date of Birth of Child <u>Dec 17 1891</u> (Month, day, year)	
6. Sex <u>male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Henry Lloyd Church</u>	16. FULL MAIDEN NAME <u>Rees, Mar. Gill</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>		
12. Age at time of THIS birth <u>27</u> yrs.	18. Age at time of THIS birth <u>23</u> yrs.		
13. Birthplace <u>Harrisburg Illinois</u> (City or town) (State or foreign country)	19. Birthplace <u>Near Jamestown Indiana</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Farmers daughter</u>		
15. Industry or Business _____	21. Industry or Business _____		
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>unused</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's _____ M.D. _____ Address _____ Date _____
OWN signature _____ Midwife _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now Seventy-Eight years of age, that I have known this person for since birth years, and that _____, who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) _____ (Last name) _____ (Is now deceased) or (Cannot be located)

H. H. Church _____ Signature
Corning, Cal. _____ O. Address

Subscribed and sworn to before me this 1st day of May, 19 43
(SEAL) M. E. Rafael _____ Notary Public, residing at Corning
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mary E. Eder Registrar.

JUN 19 1943

Use only BLACK Ink or BLACK Record-typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

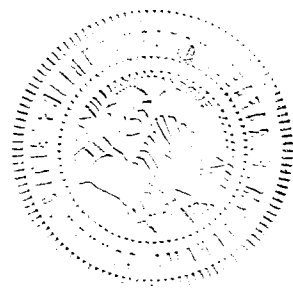
JUN 22 1943

APR 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



914 202029 915

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **374168**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>LATAH</u> (b) City <u>Troy</u> (c) Street Address or R.F.D. No. <u>RFD -no number</u> (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years <u>3</u> months <u>12</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Troy</u> (d) Street Address or R.F.D. No. <u>RFD-no number</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Blanche Audrey Rambo</u>		5. Date of Birth of Child (Month, day, year) <u>Mar. 2nd, '91</u>	

6. Sex <u>girl</u> 7. Twin or Triplet <u>no</u> 8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
--	----------------------------------

FATHER OF CHILD 10. FULL NAME <u>William Leonard Rambo</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>24</u> yrs. 13. Birthplace <u>Maquon</u> <u>Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Olive Ann Randall</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>De Witt</u> <u>Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>"</u>	
---	--	--	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho } ss.
 County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 51 years, and that Dr. John Olson, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Ann Randall Rambo Signature

Lewiston, Idaho-RFD #2 P. O. Address

Subscribed and sworn to before me this 8th day of October, 1942

(SEAL) Fred D. Wooster Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1943 by Mary Fleeder Registrar.

JUN 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

846-229 004 255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **374209**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Bear Lake (b) City Montplier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
born at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bear Lake
(c) City Montplier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montplier

4. **FULL NAME**

OF CHILD Evelyn May Huff

5. Date of Birth of Child
(Month, day, year) Dec. 29, 1891

6. Sex Female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 1 st 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Eligah Huff
11. Color white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Marshalltown, Iowa, U. S. A.
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kathrina Susan Beetschen
17. Color white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Earlabach Switzerland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's signature Oregon M.D. Address Date
OWN signature Multnomah Midwife

State of Oregon } ss.
County of Multnomah

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now seventy-three years of age, that I have known this person for fifty-two years, and that
Doctor Moon who attended this birth deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Kathrina Susan Huff Signature
2327 N W Kempney Street, Portland, OREGON Address

Subscribed and sworn to before me this 26th day of May, 1943

(SEAL)

Lena J. Jewell Notary Public, residing at Portland 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My commission expires Mar. 2,

Received for filing on JUL 2 - 1943 by Mary J. Elder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



653-220028-764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

374248

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:

In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? two yrs.3. RESIDENCE OF FATHER (city, state) Rathdrum Ida

4. FULL NAME OF CHILD

Salorne Blanche Felt5. Date of Birth of Child Feb. 20-1891
(Month, day, year)6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 99. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jay Hile Felt11. Color or Race White 12. Age at time of THIS birth 33 yrs.13. Birthplace Madison East N.Y.
(City or town) (State or foreign country)14. Exact Occupation Farmer15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Violetta Gould17. Color or Race white 18. Age at time of THIS birth 23 yrs.19. Birthplace Olmstead Co. Minn.
(City or town) (State or foreign country)20. Exact Occupation housewife21. Industry or Business housewife22. Name prophylactic used to prevent Ophthalmia Neonatorum unborn23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....

(First name)

(Last name)

who is related as.....

(Mother, etc.)

25. Attendant's OWN signature unknown

M.D. Midwife

Address

Date

State of Idaho ss.
County of Shoshone

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4,
above, that I am now 54 years of age, that I have known this person for 52 years, and that

William V. Felt (First name) (Last name) who attended this birth cannot be located I further

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

William V. Felt Signature
Idaho P.O. Address

Subscribed and sworn to before me this 22nd day of June, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Kellogg, IdaReceived for filing on..... by Mary E. Elder Registrar.

JUL 6 - 1943

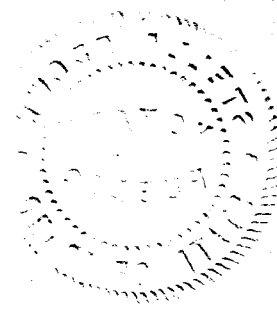
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1937 4 700

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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553 222036 795

374339

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County IDAHO (b) City Riversdale
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born in home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County IDAHO
(c) City Riversdale
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 25 yrs.

4. FULL NAME OF CHILD

Mary Elvira Nelson

6. Sex

Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Goforth Nelson
11. Color White 12. Age at time
or Race White of THIS birth 26 yrs.
13. Birthplace Offard Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Eliza Preece
17. Color White 18. Age at time
or Race White of THIS birth 25 yrs.
19. Birthplace Franklin Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho ss.
County of Caribou

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Full Aunt of the person whose name appears
in Item 4, above, that I am now 75 years of age, that I have known this person for all her life, and that
yes (First name) MID-WIFE (Last name) who attended this birth is now deceased I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 19th day of June, 1943

(SEAL)

Notary Public, residing at Soda Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

JUL 7 1943

by

Mabel E. Baker

Registrar.

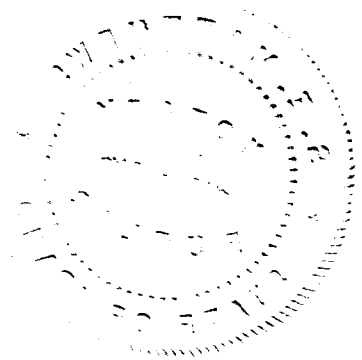
1943

JUL 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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299 104019 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

374373

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Custer</u> (b) City <u>Cresco</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: <u>Home</u> In THIS county <u>yes</u> - years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Custer</u> (c) City <u>Cresco</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2 years</u> yrs.	
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4. FULL NAME OF CHILD <u>David Jesse Bricker</u>		5. Date of Birth of Child <u>May 4th 1891</u> (Month, day, year)	
6. Sex <u>Male</u> 7. Twin or Triplet <u>None</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	

FATHER OF CHILD 10. FULL NAME <u>Henry Anderson Bricker</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>Marshalltown, Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>None</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Cora Jessie Maney</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Waukegan, Wisconsin</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>None</u>	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Salt Lake

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the matron of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 51 years, and that

Jennie N. (First name) Clark (Last name), who attended this birth, (Is now deceased) no (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

124 South 2nd East Signature P. O. Address
Cora Jessie Bricker

Subscribed and sworn to before me this 20th day of June, 1943
(SEAL) Notary Public Notary Public, residing at 124 South 2nd East
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

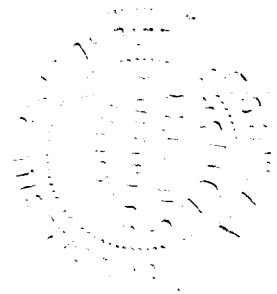
Received for filing on JUL 12 1943 by Mary E. Elder Registrar.

8161 8 1 700

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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754 125040-751

374376

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State of Idaho
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Shoshone</u>	(b) City <u>Wallace</u>	(a) State <u>Idaho</u>	(b) County <u>Shoshone</u>
(c) Street Address or R.F.D. No.		(c) City <u>Wallace</u>	
(d) Name of Hospital or Maternity Home:		(d) Street Address or R.F.D. No.	
(e) Mothers stay BEFORE delivery: In <u>THIS</u> county <u> </u> years <u> </u> months <u> </u> days		(e) How long has MOTHER lived in Idaho? <u>44</u> 60 yrs.	

4. FULL NAME OF CHILD FRANK FORREST SMITH

5. Date of Birth of Child (Month, day, year) February-25-18 91

6. Sex Male

7. Twin or Triplet Single birth If so—born 1st 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Paul Fred Smith</u>	16. FULL MAIDEN NAME <u>Mabel Pease</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>20</u> yrs.
11. Birthplace <u>Lima, Illinois</u> (City or town) (State or foreign country)	19. Birthplace <u>Aurora, Illinois</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>	21. Industry or Business <u>House-wife</u>
12. Age at time of THIS birth <u>30</u> yrs.			
13. Occupation <u>Merchant</u>			
14. Industry or Business <u>General Mercantile</u>			

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)

who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Shoshone

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)

above, that I am now 72 years of age, that I have known this person for 52 years, and that
Dr. Sims who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mabel Pease Groubeck
Murray, Idaho
Signature P. O. Address

Subscribed and sworn to before me this 25 day of June, 1943.

(SEAL) Allen C. McPherson, Notary Public, residing at Murray, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. 4 years 4-19-46

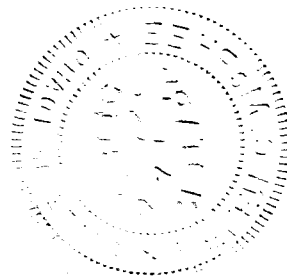
Received for filing on JUL 12 1943 by Mary E. Eder, Registrar.

JUL 1 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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715 227-028-766

United States

Department of Commerce

Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **374462**

Local Reg. No.

Reg. Dist. No.

JUL 14 1943

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur d'Alene City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:
In **THIS** county yes years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County
(c) City Coeur d'Alene City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

4. FULL NAME OF CHILD

Marcella Ramsen

5. Date of Birth of Child
(Month, day, year) 1891 Jan 27

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John William Ramsen
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Cowhation Ohio
(City or town) (State or foreign country)
14. Exact Occupation millwright
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna A Goodyear
17. Color or Race white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Moundsville W. Va.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Ohio } ss.
County of Columbus

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 84 years of age, that I have known this person for 52 years, and that
(First name) (Last name) who attended this birth is deceased. I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 11 day of July, 1943
(SEAL) Charles F. Freeling, Notary Public, residing at Amelia Q.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1943 by Mary Elder, Registrar.

JUL 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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753-218-028-154
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **875922**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County **Kootenai** (b) City **-**
(c) Street Address or R.F.D. No. **-**
(d) Name of Hospital or Maternity Home: **-**

(e) Mothers stay **BEFORE** delivery:
In **THIS** county **4** years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **Idaho** (b) County **Kootenai**
(c) City **near Hauser**
(d) Street Address or R.F.D. No. **-**

(e) How long has **MOTHER** lived in Idaho? **-** yrs.

3. **RESIDENCE OF FATHER** (city, state) **Idaho.**

4. **FULL NAME OF CHILD** **Letta Amelia Peterson - ~~Widener~~**

5. Date of Birth of Child
(Month, day, year) **July 18, 1891**

6. Sex **F.** 7. Twin or Triplet **-** If so—born 1st, 2nd, 3rd **-**

8. No. months of Pregnancy **9** 9. Legitimate? **yes.**

FATHER OF CHILD

10. **FULL NAME** **Ole Peterson**
11. Color or Race **white** 12. Age at time of THIS birth **30** yrs.
13. Birthplace **Denmark**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Gertrude Sophie Anderson**
17. Color or Race **white** 18. Age at time of THIS birth **37** yrs.
19. Birthplace **Bergen Norway**
(City or town) (State or foreign country)
20. Exact Occupation **housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **-**

23. Number of children of this mother: (a) At time of birth and including this child **One** (b) Born alive and now living **One**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of **Washington,** } ss.
County of **Spokane.**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **cousin of father** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **74** years of age, that I have known this person for **all her life** years, and that
who attended this birth

(First name) (Last name) (Is now deceased) or (Cannot be located)
I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

B. H. Nelson Signature
E. 2208 1st St., Spokane, Washington P. O. Address

Subscribed and sworn to before me this **5th** day of **August**, 19 **43**.

(SEAL)

Burton J. Coulter Notary Public, residing at **Spokane, Wash.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires **Apr. 7, 1944.**

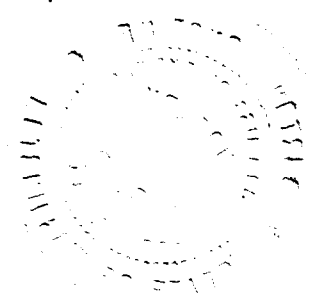
Received for filing on **AUG 10 1943** by **Margaret E. Eder** Registrar.

AUG 11 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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141-106-044-445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

375962
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Washington (b) City Council Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery: unknown
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Council
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? unknown yrs.

3. **RESIDENCE OF FATHER** (city, state) Council Idaho

5. Date of Birth of Child December 6
(Month, day, year) 1891

4. **FULL NAME OF CHILD** George Elias Adams

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy -- 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elias Adams
11. Color or Race white 12. Age at time of THIS birth unknown yrs.
13. Birthplace United States
(City or town) (State or foreign country)
14. Exact Occupation blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Dunn
17. Color or Race white 18. Age at time of THIS birth Unknown yrs.
19. Birthplace United States
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
who is related as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Washington } ss.
County of Cowlitz

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4,
above, that I am now 54 years of age, that I have known this person for 51 years, and that
(Mother, etc.)

unknown, who attended this birth. cannot be located I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mamie N. Sawyer Signature
417 Pine Sausaleto Calif. P. O. Address

Subscribed and sworn to before me this 10 day of August, 19 43

(SEAL)

Juliet M. Kerner Notary Public, residing at KELSO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG. 12 1943 by Mamie N. Sawyer, Registrar.

AUG 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

AUG 16 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Heman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Heman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
3. **RESIDENCE OF FATHER** (city, state) 5

4. **FULL NAME OF CHILD** Susan Alice Crabb
5. Date of Birth of Child (Month, day, year) 8/27/91
6. Sex female 7. Twin or Triplet 1 If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? 9

- FATHER OF CHILD**
10. **FULL NAME** Azro Palmer Crabb
11. Color white 12. Age at time of THIS birth 44 yrs.
13. Birthplace Clinton Indiana
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Mary Elizabeth Sitton
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace St. Joe Missouri
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Fremont }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Acquaintance of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 61 years of age, that I have known this person for 52 years, and that
Mrs. Coxton who attended this birth is deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Rhoda J. Airhart Signature
P. O. Address

Subscribed and sworn to before me this 13th day of August, 19 43.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 16 1943 by William C. Coffin, Deputy Registrar.

William C. Coffin, Deputy
Clerk of District Court,
Notary Public, residing at

21000
AUG 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

600131 30

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

376034

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Onida</u> (b) City <u>Fairview</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Onida</u> (c) City <u>Fairview</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs.	
4. FULL NAME OF CHILD <u>Pearl Smith</u> 7. Twin or Triplet 6. Sex <u>Female</u>		5. Date of Birth of Child (Month, day, year) <u>September 8, 1891.</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Isaac Smith</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Wellshire</u> <u>England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Agriculture</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Betsy Ann Bateman</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Richmond, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Agriculture</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum..... 23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>7</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by.....
 (First name) (Last name)
 who is related as.....
 (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
 Midwife

AFFIDAVIT

State of Idaho } ss.
 County of Madison }
 (To be completed when the attendant does not sign in Item 25.)
 I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
 (Mother, etc.)
 above, that I am now 80 years of age, that I have known this person for 52 years, and that
Salley Gilbert who attended this birth Now deceased I further
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

Isaac Smith Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of August, 1943.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

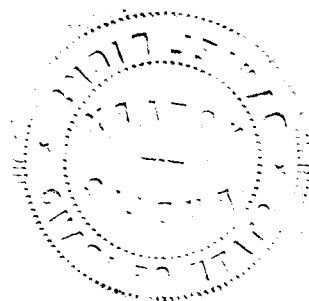
Received for filing on AUG 19 1943 by Mary E. Eiden, Registrar.

AUG 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

212-1091029-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **377228**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth) (**American Ridge**) **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) County **Latah** (b) City **Kendrick**
(c) Street Address or R.F.D. No. **R.F.D.**
(d) Name of Hospital or Maternity Home: **at residence**
(e) Mothers stay **BEFORE** delivery:
In **THIS** county **1** years months days
(a) State **Idaho** (b) County **Latah**
(c) City **Kendrick (American Ridge)**
(d) Street Address or R.F.D. No. **R.F.D.**
(e) How long has **MOTHER** lived in Idaho? **1** yrs.

4. **FULL NAME OF CHILD** **Ernest George Bashor** 5. Date of Birth of Child
(Month, day, year) **9/9/1891**
6. Sex **Male** 7. Twin or Triplet **1** If so—born 1st, 2nd, 3rd **1st** 8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD
10. **FULL NAME** **George W. Bashor**
11. Color or Race **White** 12. Age at time of THIS birth **36** yrs.
13. Birthplace **Johnson City, Tennessee**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business **Farming**

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **Mary Jane Gwin**
17. Color or Race **White** 18. Age at time of THIS birth **38** yrs.
19. Birthplace **Johnson City, Tennessee**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **home**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **?**
23. Number of children of this mother: (a) At time of birth and including this child **8** (b) Born alive and now living **7**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of **Montana** } ss.
County of **Toole**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **brother** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **62** years of age, that I have known this person for **nearly 52** years, and that
Dr. Rothwell who attended this birth **is now deceased** I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

NOTARY PUBLIC for the State of Montana.
Residing at Shelby, Montana.
My Commission Expires December 5, 1943.

Subscribed and sworn to before me this **2nd** day of **July**, 19**43**.
(SEAL) **Edgar B. Aronow** Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **AUG 24 1943** by **Mary E. Baker** Registrar.

SEP 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436-104035-533

377516

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Nez Perce** (b) City **Lewiston**

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

In home(e) Mothers stay **BEFORE** delivery:In **THIS** county **3** years months days2. ~~Usual~~ RESIDENCE OF MOTHER (At time of this birth)(a) State **Idaho** (b) County **Nez Perce**(c) City **Lewiston**

(d) Street Address or R.F.D. No. _____

(e) How long has **MOTHER** lived in Idaho? **3** yrs.3. RESIDENCE OF FATHER (city, state) **Lewiston, Idaho**4. FULL NAME OF CHILD **James Ellis McFaddin**5. Date of Birth of Child **March 4, 1891**
(Month, day, year)6. Sex **Male**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **Charles Walter McFaddin**11. Color **white** 12. Age at time of THIS birth **32** yrs.13. Birthplace **Beaumont, Texas**
(City or town) (State or foreign country)14. Exact Occupation **Cattle rancher**15. Industry or Business **Cattle**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Mary Mildred Ellis**17. Color **white** 18. Age at time of THIS birth **25** yrs.19. Birthplace **Floresville, Texas**
(City or town) (State or foreign country)20. Exact Occupation **Housewife**21. Industry or Business **Home**

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____

(First name)

(Last name)

who is related as _____

(Mother, etc.)

25. Attendant's OWN signature

M.D.
Midwife

Address

Date

State of **Texas**
County of **Terrell** } ss.I, the undersigned, being first duly sworn, say that I am the **Sister** of the person whose name appears in Item 4, above, that I am now **59** years of age, that I have known this person for **52** years, and that**unknown**

(First name)

(Last name)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Is now deceased) or (Cannot be located)

Mrs. A. C. Hawcitt Signature**Sanderson, Texas** P. O. AddressSubscribed and sworn to before me this **8th** day of **September** 1943(SEAL) County Judge, **Terrell County, Texas**, **P. S. Wilkinson**, residing at **Sanderson, Texas**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **SEP 14 1943** by **Mark H. Alden**, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259-208-037-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **377537**

Local Reg. No.

Reg. Dist. No.

- | | |
|--|---|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Owyhee</u> (b) City <u>Three Creek</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: <u>none</u>
(e) Mothers stay BEFORE delivery:
In THIS county <u>9</u> years months days | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Owyhee</u>
(c) City <u>Three Creek</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>60</u> yrs. |
|--|---|

- | | |
|--|---|
| 4. FULL NAME OF CHILD <u>Ida Belle Bertschy</u>
7. Twin or Triplet
6. Sex <u>Female</u> | 5. Date of Birth of Child
(Month, day, year) <u>Feb. 8, 1891</u>
8. No. months of Pregnancy <u>9</u>
9. Legitimate? <u>yes</u> |
|--|---|

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|--|--|
| 10. FULL NAME <u>Adolph Bertschy</u> | 16. FULL MAIDEN NAME <u>Louisa Jane Portlock</u> | 17. Color or Race <u>white</u> | 18. Age at time of THIS birth <u>22</u> yrs. |
| 11. Birthplace <u>Switzerland</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Emmett Idaho</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>School Teacher</u> | 21. Exact Occupation <u>House Wife</u> |
| 12. Age at time of THIS birth <u>No record</u> yrs. | | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)
25. Attendant's **OWN** signature..... M.D. Address Date
Midwife

AFFIDAVIT

- State of Idaho } ss.
County of Owyhee
- I, the undersigned, being first duly sworn, say that I am the Step father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 86 years of age, that I have known this person for 52 years, and that
Sarah Davis who attended this birth Deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 10th day of Sept., 1943
(SEAL) George R. Miller Notary Public, residing at Bruneau, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

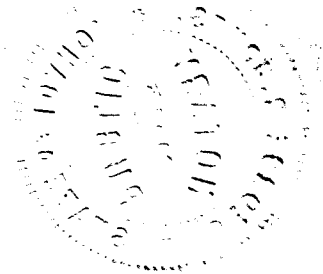
Received for filing on SEP 16 1943 by Mabel Holder Registrar.

SEP 16 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

863-121-203-294 (Be sure the information is as of date of birth of THIS child.) State File No. 377576

United States Department of Commerce Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Chesterfield
(c) Street Address or R.F.D. No. R70
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Chesterfield
(d) Street Address or R.F.D. No. R70
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same then

4. **FULL NAME OF CHILD** Edward Simon Holbrook

5. Date of Birth of Child (Month, day, year) April 21, 1891

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jonathan Holbrook

11. Color white 12. Age at time of THIS birth 29 yrs.

13. Birthplace Bountiful, Utah (City or town) (State or foreign country)

14. Exact Occupation farmer then

15. Industry or Business (now deceased)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rasabell Simon

17. Color white 18. Age at time of THIS birth 23 yrs.

19. Birthplace Bountiful, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Utah } ss. **AFFIDAVIT**
County of Davis } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person since birth years, and that Christene Higginson who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rasabell Holbrook Signature
Bountiful, Utah P. O. Address
September 1943

Subscribed and sworn to before me this 7th day of _____, 1943.
(SEAL) Alvess B. Johnson Notary Public, residing at Bountiful, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Chm. ex. March 17-1946

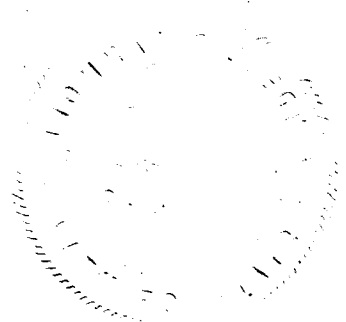
Received for filing on SEP 17 1943 by Malv H. H. Registrar.

SEP 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 3, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-208002-279

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **378763**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City New Meadow
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City New Meadow
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
3. **RESIDENCE OF FATHER** (city, state) Adams, Idaho

4. **FULL NAME OF CHILD** PRUDENCE ELIZA SMITH
5. Date of Birth of Child (Month, day, year) October 3, 1891

6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** GEORGE WARREN SMITH
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Roseburg, Oregon, U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sadie Zora Sprague
17. Color or Race white 18. Age at time of THIS birth 18 yrs.
19. Birthplace Bozeman, Montana
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature NONE M.D. Address Date
Midwife

State of Washington } ss.
County of Spokane

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 54 years of age, that I have known this person for Since her birth years, and that
Corra Evans who attended this birth probably cannot now be located I further
(First name) (Last name) (If now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

James Nathan Smith Signature
3613 Wetmore, Everett, Wn P. O. Address

Subscribed and sworn to before me this 18 day of Sept, 1943
(SEAL) Phil Harnock Notary Public, residing at Everett
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 23 1943 by Maude Elder Registrar.

SEP 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-203-001819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

378809

378809

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>Ophelia Bingman</u>		5. Date of Birth of Child (Month, day, year) <u>Mar. 3 1891</u>	
6. Sex <u>Female</u>		8. No. months of Pregnancy <u>9 mo</u>	
7. Twin or Triplet <u>No</u>		9. Legitimate? <u>Yes</u>	
If so—born 1st, 2nd, 3rd <u>6th</u>			

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Jacob Anderson Bingman</u>		16. FULL MAIDEN NAME <u>Arissa C Harris</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>36</u> yrs.		18. Age at time of THIS birth <u>28</u> yrs.	
13. Birthplace <u>Rebannon, Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Memphis, Tenn.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business <u>Same</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 51 years, and that W. L. C. Bauer who attended this birth. is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Arissa C Bingman Signature
Route 1, Meridian, Idaho P. O. Address
16th day of September, 1943
Subscribed and sworn to before me this day of
(SEAL) Charles T. Paddock Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1943 by Mary P. Allen Registrar.

SEP 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

367-103 044 262

378822 378822

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>WASHINGTON</u> (b) City <u>OLA</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mothers stay BEFORE delivery: In THIS county <u>7</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>WASHINGTON</u> (c) City <u>OLA</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>60</u> yrs.	
4. FULL NAME OF CHILD <u>JOHN WILLIAM COGGBURN</u>		5. Date of Birth of Child (Month, day, year) <u>2/3/1891</u>	
6. Sex <u>MALE</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>JOHN JACKSON COGGBURN</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>KIRBYVILLE MISSOURI</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business <u>FARMING</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>ELIZA JANE BOSTON</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>TAMEY COUNTY MISSOURI</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business <u></u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

AFFIDAVIT

State of..... } ss.
County of.....

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 80 years of age, that I have known this person for 52 years, and that
76 Boston who attended this birth. I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 5th day of October, 1943
(SEAL) Eliza Jane Boston
Coggburn
Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 - 1943 by Mal Hilder, Registrar.

OCT 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-210022-693

378964

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Egin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 5 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Egin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 3/4 yrs.

4. **FULL NAME OF CHILD** Sarah Elizabeth Broadhurst

5. Date of Birth of Child
(Month, day, year) Jan. 10, 1891

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Broadhurst
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elly Helene Wilkinson
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Lawrence, Mass.
(City or town) (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho
County of Fremont } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
(Mother, etc.)
above that I am now 58 3/4 years of age, that I have known this person for 52 years, and that
Lois Winegar who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Anna Broadhurst Adams Signature
St. Anthony, Idaho, RFD. 2, P. O. Address

Subscribed and sworn to before me this 1st day of October, 1943.
(SEAL) Orneserwy, Roberta Judge Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 1943 by Wm. H. H. Registrar.

1943
OCT 8 190

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



789-112014-759

378984

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Emmett</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Private Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Emmett, Idaho</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>Walter Clyde Phillips</u>		5. Date of Birth of Child (Month, day, year) <u>July 12, 1891</u>	
6. Sex <u>male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>William Hardy Phillips</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>Marshall, Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Blacksmith</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Matilda Elizabeth Perkins</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>Quincy, Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by
 (First name) (Last name)
 who is related as
 (Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

AFFIDAVIT

State of Idaho } ss.
 County of Ben }
 (To be completed when the attendant does not sign in Item 25.)
 I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
 (Mother, etc.)
 above, that I am now 77 years of age, that I have known this person for 52 years, and that
Dr. Clymer who attended this birth now deceased I further
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

Matilda Elizabeth Phillips Signature
 Emmett, Idaho P.O. Address

Subscribed and sworn to before me this 6th day of October, 1943
Harold Smoke Notary Public, residing at Emmett, Idaho
 (SEAL)
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 12 1943 by Mal H. L. L. Registrar.

OCT 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **380404**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Little Basin</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At home on Ranch</u> (e) Mothers stay BEFORE delivery: In THIS county <u>8</u> years months <u>17</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Little Basin</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>25</u> yrs.	
4. FULL NAME OF CHILD <u>E. Litch Amelia Todd</u>		5. Date of Birth of Child (Month, day, year) <u>April 13 1891</u>	
6. Sex <u>Girl</u>	7. Twin or Triplet <u>one</u>	8. No. months of Pregnancy	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Todd</u>		16. FULL MAIDEN NAME <u>Julia A. Henderson</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>34</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>25</u> yrs.
13. Birthplace <u>West Mersey, England</u> (City or town) (State or foreign country)		19. Birthplace <u>Opford Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>House Wifes</u>	
15. Industry or Business <u>Farming & Ranching</u>		21. Industry or Business <u>Home Maker</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Baric Acid</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

AFFIDAVIT

State of Wyoming } ss.
County of Big Horn }
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 76 years of age, that I have known this person for 52 years, and that
Julia A. Henderson who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.
Julia A. Todd Signature
Biglinton Wyo P. O. Address
Subscribed and sworn to before me this 76 day of Oct 1943
(SEAL) J. P. Nelson Notary Public, residing at Burlington Wyo
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on 1007 by W. J. Nelson Registrar.

OCT 22 1943

NOV 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

769 312001 239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **380429**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Ada** (b) City **Boise**
(c) Street Address or R.F.D. No. **906 Franklin St.**
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:
In **THIS** county **years** **months** **days**

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Ada**
(c) City **Boise**
(d) Street Address or R.F.D. No. **906 Franklin St.**
(e) How long has **MOTHER** lived in Idaho? **9** yrs.

3. RESIDENCE OF FATHER (city, state) **Boise, Idaho**

5. Date of Birth of Child
(Month, day, year) **Sept. 12, 1891**

4. FULL NAME OF CHILD **Susie Isabelle Pointer**

6. Sex **Female** 7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **Samuel James Pointer**
11. Color **White** 12. Age at time of THIS birth **28** yrs.
13. Birthplace **Knoxville, Ohio**
(City or town) (State or foreign country)
14. Exact Occupation **Carpenter**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Hettie E. Stillwell**
17. Color **white** 18. Age at time of THIS birth **31** yrs.
19. Birthplace **Doniphan Co. Kansas**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **unknown**

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **10 A.** M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Samuel James Pointer**
(First name) (Last name)
who is related as **Father**
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of **California** } ss.
County of **Los Angeles**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Father** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **79** years of age, that I have known this person for **52** years, and that
Corilla J. Robbins who attended this birth **is now deceased** I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Samuel J. Pointer Signature
8953 San Carlos Ave P. O. Address
October 12, 1947

Subscribed and sworn to before me this **18th** day of **October**, 19**47**
(SEAL) **W. D. Maynard** Notary Public, residing at **San Luis State City**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires **June 4, 1947**

Received for filing on **OCT 26 1943** by **May J. Fisher** Registrar.

OCT 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session Laws~~, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 380461
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Indian Valley, Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Indian Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Georgia Vivian Ross 5. Date of Birth of Child
(Month, day, year) Dec. 28, 1891

6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 4th 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James M. Ross
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Ashland, Oregon.
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mintie Stutesman
17. Color or Race white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Gauge County, Nebr.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Oregon } ss.
County of Grant

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 73 years of age, that I have known this person for 52 years, and that
Dr Albert Hunt, who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs Mintie Ross Signature
Prairie City, Oregon. P. O. Address

Subscribed and sworn to before me this 20th day of October, 1943
(SEAL) Russell H. Bullard Notary Public, residing at Prairie City, Oreg.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17,914, Idaho Code, amended.)
MY COMMISSION EXPIRES 1, 1946

Received for filing on Oct 29 1943 by Howell H. H. H. Registrar.

PCT 2 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

951-229 004 1498

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **380478**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Montpelier</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>1</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Montpelier</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>about 1 yrs.</u>	
4. FULL NAME OF CHILD <u>Alice Elizabeth Mary Reay</u> 7. Twin or Triplet <u>single</u> If so—born 1st, 2nd, 3rd <u>3rd</u>		3. RESIDENCE OF FATHER (city, state) <u>Montpelier, Ida.</u> 5. Date of Birth of Child (Month, day, year) <u>June 29, 1891</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>George Edgar Reay</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>near New Castle, England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farming and stock-raising</u> 15. Industry or Business <u>same</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Isabelle Dryden</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>near New Castle, England</u> (City or town) (State or foreign country) 20. Exact Occupation <u>house-wife</u> 21. Industry or Business <u>same</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Isabelle Reay, who is related to this child as mother (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature (Now deceased) M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 52 years, and that Dr. C. A. Hoover (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Isabelle Reay
Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of October, 19 43

(SEAL)

Edw. H. Cory Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 30 1943 by Mary Reay, Registrar.

201 1 AON

DELAYED REGISTRATION LAW

- (1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

849-214 007-434

380558

380558

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Arco
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Three yrs.
3. **RESIDENCE OF FATHER** (city, state) Arco, Idaho

4. **FULL NAME OF CHILD** Miss. Stella Hurst
5. Date of Birth of Child
(Month, day, year) May 14, 1891

6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months nine pregnancy 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Mark Hurst</u>	16. FULL MAIDEN NAME <u>Johnnina McDougall</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>31</u> yrs.
11. Birthplace <u>Springfield Mo.</u> (City or town) (State or foreign country)	19. Birthplace <u>Cape Breten Nova Scotia</u> (City or town) (State or foreign country)	20. Exact Occupation	21. Industry or Business
12. Age at time of THIS birth <u>41</u> yrs.			
13. Exact Occupation			
14. Industry or Business <u>Ranching</u>			
15. Industry or Business			
			<u>Housewife</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Butte

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 75 years of age, that I have known this person for 52 years, and that

Mark Hurst who attended this birth is deceased I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mar. Ora. Welen Signature
Arco, Idaho P. O. Address

Subscribed and sworn to before me this 8th. day of November, 19 43
(SEAL) Arco, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 26 1943 by May 11 1943 Registrar.

OCT 20 1975

NOV 2 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-104 001 297

380590

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>Lona Jerome Thomason</u>		3. RESIDENCE OF FATHER (city, state) <u>Boise, Ida.</u>	

7. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>April 14, 1891</u>	
6. Sex <u>male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet If so—born 1st, 2nd, 3rd		9. Legitimate? <u>yes</u>	

FATHER OF CHILD 10. FULL NAME <u>William Houten Thomason</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>22</u> yrs. 13. Birthplace <u>Little Rock, Arkansas</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer and stockman</u> 15. Industry or Business <u>home</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Harriet Geneva Sipe</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>15</u> yrs. 19. Birthplace <u>Yureka, Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>home</u>	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address Date**

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 52 years, and that Dr. Collister who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie L. Thomason Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of October, 1943.

(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1943 by Mabel Helge Registrar.

NOV 8 1901

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

380629

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 United States
 Department of Commerce
 Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
 Local Reg. No.....
 Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Shoshone (b) City Murray
 (c) Street Address or R.F.D. No.....
 (d) Name of Hospital or Maternity Home:
No street address,
 (e) Mothers stay **BEFORE** delivery:
 In **THIS** county 4 years - months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State IDAHO (b) County Shoshone
 (c) City Don't remember MURRAY
 (d) Street Address or R.F.D. No. XX
 (e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) MURRAY IDAHO

4. **FULL NAME OF CHILD** Charles Albert Fenn
5. Date of Birth of Child
 (Month, day, year) Feb. 7th, 1891
6. Sex male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy usual 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** John Butler Fenn
11. Color or Race white 12. Age at time of THIS birth 56 yrs.
13. Birthplace Illinois (State)
 (City or town) (State or foreign country)
14. Exact Occupation General occupation miner
County Assessor at time.
15. Industry or Business Professional Miner
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Rachel Ann Young
17. Color or Race White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Indiana
 (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Same as stated above

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child Tenth (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
 and at the place stated above, and that personal particulars were furnished by Effie Van Hollebeke
 who is related as..... Dr Ingalls, now deceased. (First name) (Last name)
 (Mother, etc.)
25. Attendant's OWN signature M.D. Address Date
 Midwife

State of Washington } ss.
 County of Walla Walla

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
 above, that I am now 65 years of age, that I have known this person for all his life years, and that
I was present at home at time of birth who attended this birth. I further
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

Effie Van Hollebeke Signature
#632 Hobson St., Walla Walla, Wash'n P. O. Address

Subscribed and sworn to before me this 2nd day of November, 1943.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Walla Walla
State of Wash'n

Received for filing on..... by..... Registrar.

NOV 9 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL THIS CERTIFICATE IN ENVELOPE BEARING FIRST-CLASS POSTAGE TO STATE BUREAU OF VITAL STATISTICS, BOISE, IDAHO. ADVANCE PAYMENT OF FIFTY CENTS, MONEY ORDER OR COIN.

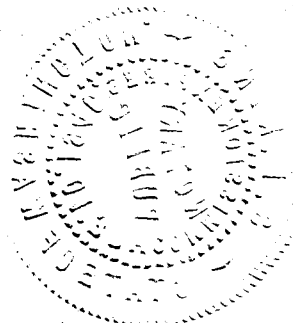
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

867 106038 364

380648

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

4. FULL NAME OF CHILD

Harold Jerome Hopper

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

5. Date of Birth of Child
(Month, day, year) Sept. 6, 1891

6. Sex M.

7. Twin or
Triplet

No

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Milford Hopper

11. Color or Race White 12. Age at time
of THIS birth 36 yrs.

13. Birthplace Springfield Mo.
(City or town) (State or foreign country)

14. Exact
Occupation Farmer

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Combs

17. Color or Race White 18. Age at time
of THIS birth 36 yrs.

19. Birthplace Springfield Mo.
(City or town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child Eight (b) Born alive and now living Eight

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho }
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 78 years of age, that I have known this person xxx since birth xxxxx and that

Mrs. Applegate who attended this birth cannot be located I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Chas Applegate Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of November, 1943.

(SEAL)

Fern Hansen Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

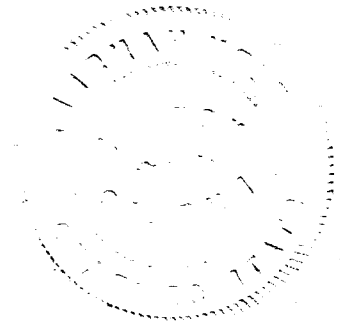
Received for filing on NOV 13 1943 by Mary Elder Registrar.

NOV 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



419 118016-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **380688**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none

(e) Mothers stay BEFORE delivery:
In THIS county 2 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Fillmore Utah

5. Date of Birth of Child
(Month, day, year) Sept 19, 1911

4. FULL NAME OF CHILD Edwin James Martindale

7. Twin or Triplet If so—born 1st, 2nd, 3rd

6. Sex male

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME James Alma Martindale

11. Color or Race white 12. Age at time of THIS birth 26 yrs.

13. Birthplace Brantsville Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MARDEN NAME Lillie Gay Bartholomew

17. Color or Race white 18. Age at time of THIS birth 20 yrs.

19. Birthplace Fillmore Utah
(City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as Father
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Utah } ss.
County of Millard

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 76 years of age, that I have known this person for all his life years, and that

Sarah Bates who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
Fillmore Utah P. O. Address

Subscribed and sworn to before me this 3 day of Nov, 1943

(SEAL)

Miller McPherson Notary Public, residing at Fillmore, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) can be 2/2/45

Received for filing on by Registrar.

OCT 31 1955

8101 4-1 100

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session Laws, has not~~ been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

312-711-020-895

381906

381906

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Atlanta
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Residence
(e) Mothers stay BEFORE delivery:
In THIS county Five years Six months days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Atlanta
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? Five yrs.
3. RESIDENCE OF FATHER (city, state) Atlanta Idaho

4. FULL NAME OF CHILD Virgil Matthew Casey
5. Date of Birth of Child (Month, day, year) Nov 11, 1891
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine 9. Legitimate? Yes

- FATHER OF CHILD
10. FULL NAME Matthew Casey
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Clinton County Illinois
(City or town) (State or foreign country)
14. Exact Occupation Miner & Mail carrier
15. Industry or Business
- MOTHER OF CHILD
16. FULL MAIDEN NAME Amanda Hinshaw
17. Color or Race White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Marion county Illinois
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child eight (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Four P M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by William Casey
who is related as Older Brother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

- State of Idaho County of Ada ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the Older Brother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now Seventy years of age, that I have known this person for 52 years, and that
Midwife Mrs Mc Laughlin, who attended this birth Is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

- Subscribed and sworn to before me this 3 day of January, 1944
(SEAL) Dale Hart Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

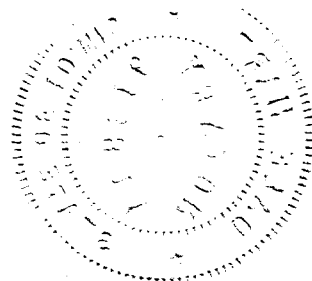
- Received for filing on JAN 6 1944 by Mabel Helder Registrar.

JAN 9 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



382039

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oreida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years 2 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oreida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 73 yrs.

4. **FULL NAME OF CHILD** Eleanor Ada Jones
6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 1st

3. **RESIDENCE OF FATHER** (city, state) Malad Ida
5. Date of Birth of Child (Month, day, year) Apr. 5, 1891
8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John E. Jones
11. Color or Race Welsh 12. Age at time of THIS birth 39 yrs.
13. Birthplace Wales (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Winniefred E. Jones
17. Color or Race Welsh 18. Age at time of THIS birth 24 yrs.
19. Birthplace Brigham Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Malad M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Winniefred E. Jones who is related as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Oreida (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 53 years, and that Dr. Drake who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Winniefred E. Jones Signature
Malad Ida P. O. Address

Subscribed and sworn to before me this 19th day of November, 1943

(SEAL) _____, Notary Public, residing at Malad Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

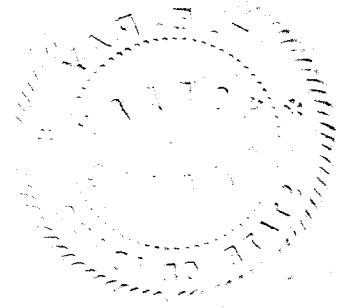
Received for filing on DEC 13 1943 by Malad Idaho Registrar.

DEC 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

165-217029 451

383133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or ~~R.F.D.~~ No. Not numbered
(d) Name of Hospital or Maternity Home: of husband's sister, Mrs. Ida Pierce
(e) Mothers stay **BEFORE** delivery:
In **THIS** county ----- years ----- months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Washington (b) County Whitman
(c) City Rosalia
(d) Street Address or ~~R.F.D.~~ No. t numbered
(e) How long has **MOTHER** lived in Idaho? born yrs.
3. **RESIDENCE OF FATHER** (city, state) Rosalia, Wash.

4. **FULL NAME OF CHILD** Stella May Jones

5. Date of Birth of Child
(Month, day, year) Nov. 17, 1891

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Paul Jones
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Jackson, Missouri
(City or town) (State or foreign country)
14. Exact Occupation painter and paper-hanger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella May Dean
17. Color or Race white 18. Age at time of THIS birth 17 yrs.
19. Birthplace Boise Idaho
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. do not know
23. **Number of children of this mother:** (a) At time of birth and including this child first (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Washington } ss.
County of King

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 52 years, and that the midwife- name not remembered, who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Ella May Jones Decker Address Seattle, Washington (3207-E 90th)

Subscribed and sworn to before me this 17th day of December, 1945
(SEAL) _____ Notary Public, residing at Deante
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on DEC 28 1945 by Mark H. Eldon Registrar.

DEC 28 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

23-131037168

383179

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Owyhee</u> (b) City <u>Bruneau</u> (c) Street Address or R.F.D. No. <u>Kitty Wilkin's Ranch</u> (d) Name of Hospital or Maternity Home: <u>Home delivery</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u> </u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Owyhee</u> (c) City <u>Bruneau</u> (<u>Ranch</u>) (d) Street Address or R.F.D. No. <u>Kitty Wilkin's</u> (e) How long has MOTHER lived in Idaho? <u>five</u> yrs.
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4. FULL NAME OF CHILD <u>Robert Edward Lee Blackstone</u>	5. Date of Birth of Child <u>above</u> (Month, day, year) <u>Jan. 31, 1891</u>
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6. Sex <u>Male</u>	7. Twin or Triplet <u> </u> If so—born <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
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FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Harvey Blackstone</u>	16. FULL MAIDEN NAME <u>Josephine Johnson</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>		
12. Age at time of THIS birth <u>40</u> yrs.	18. Age at time of THIS birth <u>38</u> yrs.		
13. Birthplace <u>(Farm-near) Brooksville, Ala.</u> (City or town) (State or foreign country)	19. Birthplace <u>(Farm-near) Sweetwater, Tenn.</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Rancher</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business <u>Raising Cattle and horses</u>	21. Industry or Business <u> </u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANTS CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (Mother, etc.)

25. Attendant's OWN signature <u>Margaret Johnson</u>	M.D. <u> </u>	Address <u> </u>	Date <u> </u>
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State of California } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of San Diego

I, the undersigned, being first duly sworn, say that I am the Mother, etc. of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 45 years, and that Margaret Johnson, who attended this birth, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Johnson Signature
204 22 St San Diego P. O. Address
15th day of December, 1937
Andrew Nielsen Notary Public, residing at San Diego
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN. 3, 1943 by Mabel Holden Registrar.

JAN 1 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

213123016-219
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **383357**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Oakley</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home, (Res)</u> (e) Mother's stay BEFORE delivery: <u>Yes</u> years months days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Oakley</u> (d) Street Address or R.F.D. No. <u>4</u> (e) How long has MOTHER lived in Idaho? <u>65</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>deceased</u>		

4. FULL NAME OF CHILD <u>Charles Emery Bates</u>	5. Date of Birth of Child (Month, day, year) <u>Feb. 23, 1891</u>
6. Sex	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet.	9. Legitimate? <u>Yes</u>
If so—born 1st, 2nd, 3rd	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Erin L. Bates</u>	14. FULL MAIDEN NAME <u>Hulda Bailey</u>		
11. Color or Race <u>White</u>	15. Color or Race <u>White</u>		
12. Age at time of THIS birth <u>27</u> yrs.	16. Age at time of THIS birth <u>21</u> yrs.		
13. Birthplace (City or town) (State or foreign country)	17. Birthplace (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer.</u>	18. Exact Occupation <u>House wife.</u>		
15. Industry or Business	19. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 6 A. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Hulda Bates, who is related to this child as Mother (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Date** _____
Midwife Address _____

State of Idaho } **AFFIDAVIT** to be completed when the attendant does not sign
County of Cassia } in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 53 years, and that Sarah Bates (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hulda Bailey Bates Signature
Oakley Idaho P. O. Address
Subscribed and sworn to before me this 12 day of January 1944
(SEAL) G. Larson Notary Public, residing at Oakley Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on JAN 19 1944 by Mabel F. Linder Registrar.

JAN 2 1 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

85 2114 004 285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **384426**

Local Reg. No.

Reg. Dist. No. **552**

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County **Bear Lake** (b) City **Georgetown**

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:
Delivered at Home

(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **Idaho** (b) County **Bear Lake**

(c) City **Georgetown, Idaho**

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? .. yrs.

4. **FULL NAME OF CHILD** **George Lessly Hess**

5. Date of Birth of Child **Oct 14, 1891**
(Month, day, year)

6. Sex **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **Nine** 9. Legitimate? **Yes**

FATHER OF CHILD

10. **FULL NAME** **John Henry Hess**

11. Color or Race **White** 12. Age at time of THIS birth **41** yrs.

13. Birthplace **Utah**
(City or town) (State or foreign country)

14. Exact Occupation **Farmer**

15. Industry or Business

MOTHER OF CHILD

16. **FULL NAME** **Susan Adelaide Sheffield**

17. Color or Race **White** 18. Age at time of THIS birth **39** yrs.

19. Birthplace **Tennessee**
(City or town) (State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of **Idaho** } ss.
County of **Bear Lake**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Acquaintance** of the person whose name appears in Item 4,
above, that I am now **74** years of age, that I have known this person for **52** years, and that

Mrs. Grem (First name) **(midwife)** (Last name), who attended this birth **is now deceased** I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Riley Barkdull Signature
Montpelier, Idaho

Subscribed and sworn to before me this **21st** day of **January**, 19**44**

(SEAL)

Heri Alquist

Notary Public, residing at

LEVI QUINN
NOTARY PUBLIC
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
DECEMBER 15, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JAN 25 1944** by **Mabel Helder** Registrar.

JAN 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764 211003 155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

384429
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Dempsey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Dempsey
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Dempsey, Id.

4. FULL NAME OF CHILD

Elva Adelia Godfrey

5. Date of Birth of Child
(Month, day, year) Feb 11 - 1891

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

William Richard Godfrey

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace

Salt Lake City Utah

14. Exact Occupation

farmer livestock hotel owner

15. Industry or Business

farmer Hotel operator

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sarah Amelia Avery

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace

Konaah Utah

20. Exact Occupation

house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Idaho County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 52 years, and that

ancy Brington (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blarnee H Avery Signature
Lava Hot Springs, Ida P. O. Address

Subscribed and sworn to before me this 19 day of January, 1944

(SEAL)

W. K. Anderson Notary Public, residing at Lava Hot Springs, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

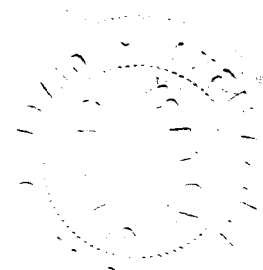
Received for filing on JAN 25 1944 by Mabel E. Blum Registrar.

JAN 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

632-229029 553

384716

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years 3 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) RFD 2, Troy, Ida

4. FULL NAME OF CHILD

Annie Evelyn Olson

5. Date of Birth of Child
(Month, day, year) Oct. 29 1891

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ole Olson
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Sweden
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Brita Katrina Nelson
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature..... M.D. Midwife Address..... Date.....

State of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of.....

I, the undersigned, being first duly sworn, say that I am the.....brother.....of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 52 years, and that Johanna Lundgren, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge; and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....day of....., 19.....
(SEAL) Feb 16 1944 Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1944 by Mabel H. Olson Registrar.

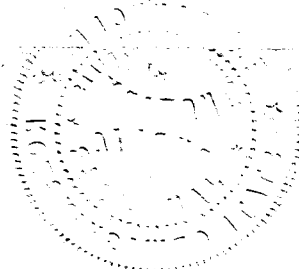
FEB 10 1934

DEC 22 1933

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-2021022-993

385885

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Wilford
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Wilford
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

4. **FULL NAME OF CHILD** Mable Elva Davis
7. Twin or If so—born
6. Sex Female Triplet 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Wilford Ida
5. Date of Birth of Child
(Month, day, year) Dec, 2, 1891
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** George A Davis
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Liberty Bear Lake Ida
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emma Lelia Rice
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Farmington Utah
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date
State of Idaho County of Blaine } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for..... years, and that Polly C Hammond, who attended this birth is dead, I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George A Davis Signature
Emmett, Idaho P. O. Address
Subscribed and sworn to before me this 18 day of Feb, 1944
(SEAL) J. J. J. J. J. Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1944 by W. H. Holder Registrar.

FEB 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-216-022-993

385949

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Pexburg</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Pexburg</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>45</u> yrs.	
4. FULL NAME OF CHILD <u>Shene Smellie</u>		5. Date of Birth of Child (Month, day, year) <u>16 Oct. 1891</u>	
6. Sex <u>Female</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate?
10. FULL NAME <u>John Taylor Smellie</u>		16. FULL MAIDEN NAME <u>Maria Ricks Smellie</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>28</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>24</u> yrs.
13. Birthplace <u>Bathgate</u> (City or town)	<u>Scotland</u> (State or foreign country)	19. Birthplace <u>Logan</u> (City or town)	<u>Utah</u> (State or foreign country)
14. Exact Occupation <u>Bookkeeper</u>	20. Exact Occupation <u>House Keeper</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Utah ss.
County of Salt Lake

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 76 years of age, that I have known this person for 52 years, and that
....., who attended this birth I further
(First name) (Last name) (Is now deceased) ~~(Is now deceased)~~
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 5th day of February, 1944
My COMMISSION EXPIRES AUG. 27, 1947 Kenneth Matheson Notary Public, residing at Salt Lake City, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 - 1944 by Mary Fisher Registrar.

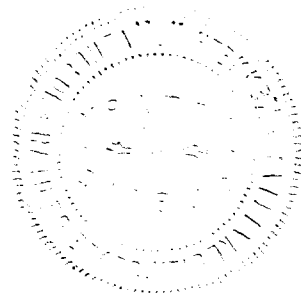
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **386010**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 4 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Winifred Irene Patterson
5. Date of Birth of Child (Month, day, year) Jan 18, 1891
6. Sex Female 7. Twin or Triplet No--- If so—born 1st, 2nd, 3rd ---
8. No. months of Pregnancy Unknown 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John William Patterson
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Boise Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmerr
15. Industry or Business -----

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lucy S. Peck
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Topeka Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ----

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Washington } ss. **AFFIDAVIT**
County of King }
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4,
above, that I am now 75 years of age, that I have known this person for Since Birth years, and that
Dr. Colleser who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

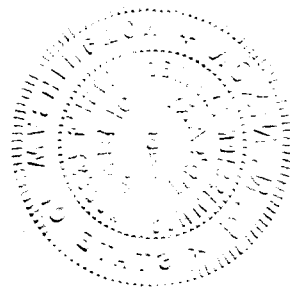
Subscribed and sworn to before me this 29th day of February, 1944
(SEAL) D. M. Nixon Notary Public, residing at Seattle, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on MAR 8 - 1944 by Mabel Elder Registrar.

MAR 21 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **386030**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **BANNOCK** (b) City **POCATELLO**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county **9** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **BANNOCK**
(c) City **POCATELLO**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **7** yrs.

3. RESIDENCE OF FATHER (city, state) **7**

4. FULL NAME OF CHILD

SARAH FRANCIS

5. Date of Birth of Child **3-31-1891**
(Month, day, year)

6. Sex **FEMALE** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **WILLIAM LLEWLYN FRANCIS**

11. Color or Race **WHITE** 12. Age at time of THIS birth **39** yrs.

13. Birthplace **CARDIFF WALES**
(City or town) (State or foreign country)

14. Exact Occupation **BOILERMAKER**

15. Industry or Business **RAILROAD SHOPS.**

MOTHER OF CHILD

16. FULL MAIDEN NAME **SARAH DAVIS.**

17. Color or Race **WHITE** 18. Age at time of THIS birth **39** yrs.

19. Birthplace **SWANSEA WALES**
(City or town) (State or foreign country)

20. Exact Occupation **HOUSEWIFE**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Address

Date

State of **California** }
County of **Los Angeles** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Sister** of the person whose name appears in Item 4, above, that I am now **69** years of age, that I have known this person for **59** years, and that **Dr. Beene** who attended this birth **is now deceased**. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Commission Expires March 25, 1940.

Mrs. Margaret C. Czap

Signature

Subscribed and sworn to before me this **28th** day of **February**, 19 **44**

(SEAL)

Beatrice Burger

Notary Public, residing at **Los Angeles, Calif.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 8 - 1944** by **Mabel F. Bledsoe**, Registrar.

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-120-007-719

387470

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BLANE (b) City CAREY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 10 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BLANE
(c) City CAREY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

4. **FULL NAME OF CHILD** MONTIE ALBERT DAVIES
6. Sex MALE
7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) CAREY, IDAHO
5. Date of Birth of Child (Month, day, year) MAY 20, 1891
8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** WALTER B. DAVIES
11. Color or Race WHITE 12. Age at time of THIS birth 29 yrs.
13. Birthplace LONDON ENGLAND
(City or town) (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** HULDAN PARKE
17. Color or Race WHITE 18. Age at time of THIS birth 19 yrs.
19. Birthplace SALT LAKE CITY UTAH
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature, M.D. Address Date
Midwife

State of Delaware } ss.
County of Cash

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 71 years of age, that I have known this person for all his life years, and that
MRS CAREY who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 29th day of March, 1944
(SEAL) Gray M. Summers Notary Public, residing at Chicago, Illinois
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1944 by Mabel H. Elder Registrar.

APR 14 1958

APR 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-105029-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **387533**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County **LATAH** (b) City **MOSCOW**

(c) Street Address or R.F.D. No. **none**

(d) Name of Hospital or Maternity Home:
none

(e) Mothers stay **BEFORE** delivery:
In **THIS** county **1** yr years **11** months **15** days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **IDAHO** (b) County **LATAH**

(c) City **MOSCOW**

(d) Street Address or R.F.D. No. **NONE**

(e) How long has **MOTHER** lived in Idaho? **TWO YEARS**

3. **RESIDENCE OF FATHER** (city, state) **LATAH, IDAHO**

5. Date of Birth of Child

(Month, day, year) **JULY 5, 1891**

4. **FULL NAME**

OF CHILD **CLYDE LINUS JOHNSON**

6. Sex **MALE**

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months

of Pregnancy **NINE**

9. Legitimate? **YES**

FATHER OF CHILD

10. **FULL NAME** **OSCAR ALFRED JOHNSON**

11. Color or Race **WHITE** 12. Age at time of THIS birth **26** yrs.

13. Birthplace **OTISCO MINNESOTA**
(City or town) (State or foreign country)

14. Exact Occupation **MERCHANT**

15. Industry or Business **GENERAL MERCHANDISE**

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **EMILY ANDERSON JOHNSON**

17. Color or Race **WHITE** 18. Age at time of THIS birth **24** yrs.

19. Birthplace **OTISCO MINNESOTA**
(City or town) (State or foreign country)

20. Exact Occupation **HOUSEWIFE**

21. Industry or Business **NONE**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child **ONE** (b) Born alive and now living **TWO**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **BORN ALIVE** at **5:00 A.** M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by **EMILY (ANDERSON) JOHNSON**

(First name)

(Last name)

who is related as **MOTHER**

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Address

Date

Midwife

State of **WASHINGTON** } ss.
County of **SPOKANE**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **MOTHER** of the person whose name appears in Item 4,

(Mother, etc.)

above, that I am now **77** years of age, that I have known this person for **LIFE TIME** years, and that

(First name) **DR. SCALLON** (Last name)

who attended this birth **IS DECEASED**

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X *Emily Anderson Johnson*
Signature

SO. 1016 CEDAR SPOKANE, WN. P. O. Address

APRIL

1944

Subscribed and sworn to before me this **4th** day of **April**

(SEAL)

Notary Public, residing at *Spokane Wash*

(Note: Perjury is punishable as a felony in Idaho: see Sec 17-914 Idaho Code Annotated.)

Received for filing on

APR 12 1944 by *Walter E. Smith*

Registrar. *Mabel Helder*

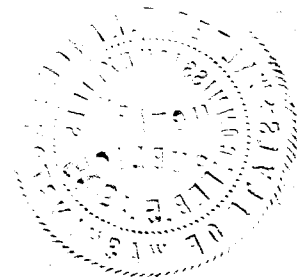
APR 13 1946

APR 14 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

958-108025-958
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

388862
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years 2 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Grangeville, Idaho

4. **FULL NAME OF CHILD** Courtney Issac Stewart Zehner
5. Date of Birth of Child (Month, day, year) Feb. 8, 1891
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|-------------------------------------|--|
| 10. FULL NAME <u>Benjamin Franklin Zehner</u> | 16. FULL MAIDEN NAME <u>Missouri A. Zehner</u> | 17. Color <u>white</u> | 18. Age at time of THIS birth <u>28</u> yrs. |
| 11. Birthplace <u>Lawrence County, Illinois</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Benton County, Missouri</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>farming</u> | 21. Exact Occupation <u>housewife</u> |
| 12. Industry or Business _____ | 22. Industry or Business _____ | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) _____
who is related as _____ (Mother, etc.) _____
25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife _____

- State of Idaho } ss.
County of Idaho }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 53 years, and that Rebecca A. Jarrett (Last name) who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Missouri A. Zehner Signature
Grangeville Idaho P.O. Address

Subscribed and sworn to before me this 24th day of April, 1944.

(SEAL)

JE Graham Notary Public, residing at Grangeville, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1944 by Maude Helmer Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-224-022-154

388907

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Pelham</u> (c) Street Address or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>8</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Pelham</u> (d) Street Address or R.F.D. No. <u>2</u> (e) How long has MOTHER lived in Idaho? <u>56</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Pelham, Idaho</u>		
4. FULL NAME OF CHILD <u>Ida Mae Barber</u>		
5. Date of Birth of Child (Month, day, year) <u>Dec. 24, 1944</u>		
6. Sex <u>Female</u>	7. Twin or Triplet _____	
8. No. months of Pregnancy _____		
9. Legitimate? _____		

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Robert Barber</u>	16. FULL MAIDEN NAME <u>Emily Anderson</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>28</u> yrs.
11. Birthplace <u>Idaho</u> (City or town) _____ (State or foreign country) _____	19. Birthplace <u>Idaho</u> (City or town) _____ (State or foreign country) _____	20. Exact Occupation <u>Farmer</u>	21. Exact Occupation <u>Housewife</u>
12. Age at time of THIS birth <u>28</u> yrs.	13. Color or Race <u>White</u>	14. Exact Occupation _____	15. Industry or Business _____
15. Industry or Business _____	16. Full Maiden Name _____	17. Color or Race _____	18. Age at time of THIS birth _____ yrs.
17. Color or Race _____	19. Birthplace _____ (City or town) _____ (State or foreign country) _____	20. Exact Occupation _____	21. Industry or Business _____
19. Birthplace _____ (City or town) _____ (State or foreign country) _____	20. Exact Occupation _____	21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 40 years, and that Carolene Larson (First name) _____ (Last name) _____, who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 22 day of April, 1944

(SEAL) _____, Notary Public, residing at Pelham, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 - 1944 by Mabel Redman Registrar.

DEC 19. 1960

MAY 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



389 109 029 952

390124

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County (b) City MOSCOW
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:In **THIS** county 1 or 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County
(c) City MOSCOW
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME

OF CHILD CLARENCE LESTER CHRISTENSEN

5. Date of Birth of Child

(Month, day, year) march 9-18916. Sex MALE7. Twin or
TripletIf so—born
1st, 2nd, 3rd8. No. months
of Pregnancy9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alfred M. CHRISTENSEN11. Color or Race WHITE 12. Age at time
of THIS birth 20 yrs.13. Birthplace Genesee Idaho
(City or town) (State or foreign country)14. Exact
Occupation
15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA MARIE REKDAHL17. Color or Race WHITE 18. Age at time
of THIS birth 19 yrs.19. Birthplace SIOUX CITY IOWA
(City or town) (State or foreign country)20. Exact
Occupation HOUSEWIFE
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE.

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name)

who is related as

(Mother, etc.)

25. Attendant's
OWN signatureM.D.
Midwife

Address

Date

State of Oregon
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 70 years of age, that I have known this person for 53 years, and that

Ascher Samuels (First name) Ascher (Last name), who attended this birth Now deceased, I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

NOTARY PUBLIC FOR STATE OF OREGON
MY COMMISSION EXPIRES MAY 25, 1947

Subscribed and sworn to before me this 19th day of May, 1941

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1944 by Mary Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

289-117 029855

390155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>411 B Street</u> (d) Name of Hospital or Maternity Home: <u>Born at residence</u> (e) Mothers stay BEFORE delivery: In THIS county <u>four</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>411 B Street</u> (e) How long has MOTHER lived in Idaho? <u>4</u> years yrs.	
4. FULL NAME OF CHILD <u>James Henry Shields</u>		5. Date of Birth of Child (Month, day, year) <u>Feb. 17, 1891</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Michael Joseph Shields</u>		16. FULL MAIDEN NAME <u>Sarah A. Henry</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>39</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>37</u> yrs.
13. Birthplace <u>Lockport, New York</u> (City or town) (State or foreign country)		19. Birthplace <u>Thomaston, Maine</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Merchant</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Hardware Store</u>		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Address Date
Midwife

State of Washington } ss.
County of Spokane }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 56 years of age, that I have known this person for 53 years, and that
Dr. Crithers who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

James M. Shields Signature
Radio Central Building, P.O. Address
Spokane, Washington.

Subscribed and sworn to before me this 15th day of May, 1944.
(SEAL) Ad. Schaefer Notary Public, residing at Spokane.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 31 1944 by Mary H. Elder Registrar.

JUN 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249 102-0235 966

390 737

390237

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. <u>Idaho St. (no. number)</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay BEFORE delivery: In THIS county <u>One</u> years <u>three</u> months <u>2</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No. <u>Idaho St.</u> (e) How long has MOTHER lived in Idaho? <u>14</u> yrs.	
4. FULL NAME OF CHILD <u>Leighton Vivian Smith</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 2, 18 91</u>	
6. Sex <u>male</u>	7. Twin or Triplet <u>--</u> If so—born 1st, 2nd, 3rd <u>--</u>	8. No. months of Pregnancy <u>--</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Edward Smith</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Liverpool</u> <u>England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Bookkeeping, Investments</u> 15. Industry or Business <u>Bookkeeping, Investments-Mining.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Marie Catherine Roos</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>31</u> yrs. 19. Birthplace <u>Liverpool</u> <u>England</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife - Music</u> 21. Industry or Business <u>Music</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>--</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by
 (First name) (Last name)
 who is related as
 (Mother, etc.) **Dr. C. W. Shaff- now deceased**

25. Attendant's **OWN** signature M.D. Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears in Item 4,
 (Mother, etc.)
 above, that I am now seventy years of age, that I have known this person for fifty-two years, and that
Dr. Chas. W. Shaff who attended this birth is now deceased I further
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

Signature Marie C. Roos
870 North 19th St. Boise, Idaho P.O. Address

Subscribed and sworn to before me this 14th day of June, 1944.
 (SEAL) Walter M. Gray Notary Public, residing at Boise, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

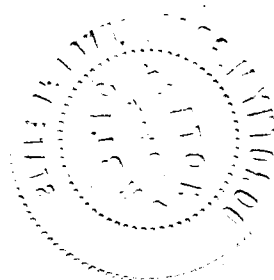
Received for filing on June 14 - 1944 by Mabel F. Hedger Registrar.

JUN 15 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

165-220-036-165

390388

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Malad</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u> </u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Malad</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>17</u> yrs.	
4. FULL NAME OF CHILD <u>Caroline Jones</u>		5. Date of Birth of Child (Month, day, year) <u>March 20, 1891</u>	
6. Sex <u>F</u>	7. Twin or Triplet <u> </u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Thomas S. Jones</u>		16. FULL MAIDEN NAME <u>Rhoda L. Jones</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>23</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>23</u> yrs.
13. Birthplace <u>Willard</u> (City or town)	<u>Utah</u> (State or foreign country)	19. Birthplace <u>Malad</u> (City or town)	<u>Idaho</u> (State or foreign country)
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.....			
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Address Date
Midwife

State of Idaho } ss.
County of Oneida }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 76 years of age, that I have known this person for 53 years, and that
Mrs John Clark who attended this birth Deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Thomas S. Jones Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of June, 1944
(SEAL) John H. McAllister Notary Public, residing at Malad, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Clark of the District Court

Received for filing on JUN 17 1944 by Malad Registrar.

JUN 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418 131 025 349

390395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. <u>none at that time</u> (d) Name of Hospital or Maternity Home: <u>born on parents' ranch</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No. <u>none at that time</u> (e) How long has MOTHER lived in Idaho? <u>? 10</u> yrs.	
4. FULL NAME OF CHILD <u>John Delmont Day</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 31, 1891</u>	
6. Sex <u>male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Salonius Day</u>		16. FULL MAIDEN NAME <u>Mary Margaret Turner</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>37</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>33</u> yrs.
13. Birthplace <u>Vernon Jennings, Ind.</u> (City or town) (State or foreign country)		19. Birthplace <u>Oswatimie, Kansas</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>carpenter & farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>farming & carpentering</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>I wouldn't happen to know.</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>one</u> (b) Born alive and now living <u>one</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
 Midwife _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the cousin of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 53 years, and that S. T. Bibby (First name) _____ (Last name) _____, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Mrs. C. Turkington
 Grangeville, Idaho _____ P. O. Address _____

Subscribed and sworn to before me this 10th day of June, 1944

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at _____
County Recorder

Received for filing on JUN 17 1944 by Mabel Elder Registrar.

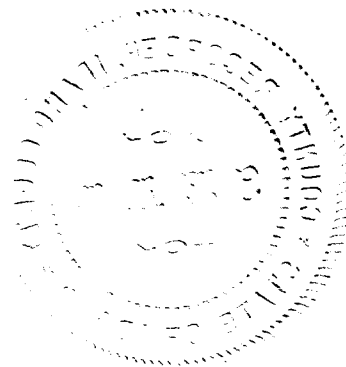
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4481 0 2 NOV

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

391557 391557

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County Jefferson (b) City Rigby (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: none. (e) Mothers stay BEFORE delivery: In THIS county 7 years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Idaho (b) County Jefferson (c) City Rigby (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? 7 yrs.	
--	--	--	--

4. FULL NAME OF CHILD Charles O'Neil.	5. Date of Birth of Child Dec. 14, 1891. (Month, day, year)
--	---

6. Sex male	7. Twin or Triplet single	If so—born 1st, 2nd, 3rd 3	8. No. months of Pregnancy 9	9. Legitimate? yes
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FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME Thomas C. O'Neil	16. FULL MAIDEN NAME Sarah Campbell	17. Color white	18. Age at time of THIS birth 26 yrs.
11. Birthplace Belfast, Ireland. (City or town) (State or foreign country)	19. Birthplace Ogden, Utah. (City or town) (State or foreign country)	20. Exact Occupation laborer-farmer	21. Exact Occupation housewife.
12. Color white	22. Age at time of THIS birth 31 yrs.	23. Exact Occupation farmer	24. Exact Occupation housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature..... M.D. Address Date
Midwife

State of **Idaho** ss.
County of **Jefferson**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Uncle** of the person whose name appears in Item 4, above, that I am now **70** years of age, that I have known this person for **since his birth** years, and that **Mrs. Jos. Fisher** who attended this birth **is now deceased.** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name)
Thayrum Campbell Signature
Lorenzo-1, Idaho. P. O. Address

Subscribed and sworn to before me this **26** day of **July**, 19 **44**.
(SEAL) **Barth B. Bennett** Notary Public, residing at **Rigby, Idaho.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUL 31 1944** by **Mabel Helder** Registrar.

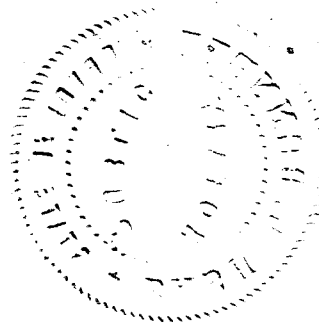
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census JUL 7 1944 STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County BOISE (b) City Garden Creek
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home _____ days
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BOISE
(c) City Garden Creek
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state) BOISE, IDAHO
4. FULL NAME OF CHILD HAZEL AMELIA TIPPETS
5. Date of Birth Nov 7, 1891
(Month, day year)
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME LEVI TIPPETS
11. Color or Race Anglo Saxon 12. Age at time of THIS birth 23 yrs.
13. Birthplace Hamington Utah, U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME ELIZA EASTHOPE
17. Color or Race Anglo Saxon 18. Age at time of THIS birth 20 yrs.
19. Birthplace Bountiful Utah, U.S.A.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____
(born alive, _____) at _____ on the date _____
and at the place stated above, and that personal particulars were furnished by John J. Easthope, who is related to this child as _____
(First name) (Last name)

26. (a) JUL 10 1944 (b) _____
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)
25. Attendant's OWN signature Mrs. Marlow and address _____
(M.D., Midwife, etc.) Date _____

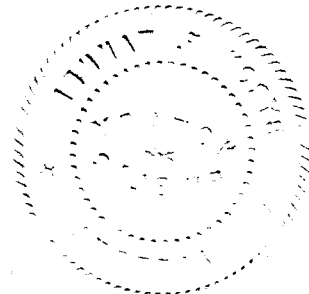
State of _____ } ss.
County of _____ }
I, John J. Easthope being first duly sworn, say that I am Male
Hazel Amelia Tippetts as male
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Marlow who attended said birth is deceased and that this birth has not been previously recorded.
(Is now deceased. (Or) cannot be located)

Subscribed and sworn to before me on this 29th day of June, 1944
(SEAL) Byron T. Hammer Notary Public, residing at Edwards
Signature _____ P. O. Address _____
John J. Easthope
John J. Easthope

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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864-217030-397

391716

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Junction
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years 3 months 3 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Illinois (b) County Peery
(c) City St. Johns
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 months yrs.
3. **RESIDENCE OF FATHER** (city, state) St. Johns Illinois

4. **FULL NAME OF CHILD** Ide House
5. Date of Birth of Child
(Month, day, year) 12 17 1891

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Thomas R. House
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace St. Johns Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Larsh Life
17. Color or Race white 18. Age at time of THIS birth 28 yrs.
19. Birthplace St. Johns Illinois
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Twin Falls

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now seventy-six years of age, that I have known this person for fifty-two years, and that
Mrs. Kate Dunlap, who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Charlie Life Signature
Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of July, 1944.

(SEAL) Marian Dunn, Notary Public, residing at Twin Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1944 by Mabel Elder, Registrar.

1944 JUL 1 9 706.

APR 7 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

633 210 008-213

391726

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Boise (b) City Boise City
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: none
 (e) Mothers stay **BEFORE** delivery:
 In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County Boise
 (c) City Boise
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? _____ yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Nellie Alpharetta Otto
5. Date of Birth of Child (Month, day, year) May 10, 1891
6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? X

- FATHER OF CHILD**
10. **FULL NAME** William Henry Otto
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Warsaw, Poland
 (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Sarah Ballantyne
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Glasgow, Scotland
 (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Sarah
 who is related as Mother (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature deceased M.D. _____ Address _____ Date _____
 Midwife _____

- State of Oregon } ss.
 County of Multnomah }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
 (Mother, etc.)
 above, that I am now 84 years of age, that I have known this person for 84 years, and that
William Henry Otto who attended this birth deceased I further
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

Sarah Otto Signature
Rt. 3, Box 1263, Beaverton, Ore. P. O. Address

Subscribed and sworn to before me this 14th day of July, 1944
 (SEAL) Raymond Jacobs Notary Public, residing at Portland, Ore.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES MARCH 30, 1945

Received for filing on JUL 18 1944 by Mabel P. Elden Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 10 1944

1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253-2071028-289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **394436**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Kootenai** (b) City **Coeur D'Alene**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **Unknown**
(e) Mothers stay **BEFORE** delivery:
In **THIS** county **One** years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Kootenai**
(c) City **Coeur D'Alene**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **27** yrs.

3. **RESIDENCE OF FATHER** (city, state) **Deceased**

4. **FULL NAME OF CHILD** **Mabelle Claire Kelley**
5. Date of Birth of Child **February 7th 1891**
(Month, day, year)

6. Sex **Female**
7. Twin or Triplet
8. No. months of Pregnancy **Nine**
9. Legitimate? **Yes**

FATHER OF CHILD

10. **FULL NAME** **Benjamin Franklin Kelley**
11. Color **White** 12. Age at time of THIS birth **25** yrs.
or Race **Burkes Garden Virginia**
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation **Electrician**
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Virginia Lee Syria**
17. Color **White** 18. Age at time of THIS birth **26** yrs.
or Race **Burkes Garden Virginia**
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **Yes**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of **Washington** } ss.
County of **King**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the **sister** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **58** years of age, that I have known this person for **21** years, and that
unknown who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs. Jessie M. Baggett Signature
718 Cherry St. Seattle 4, Wash. P.O. Address

Subscribed and sworn to before me this **5th** day of **September**, 19**44**
(SEAL) **Anderson** Notary Public, residing at **Seattle, Wm.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **SEP 9 1944** by **Mary Helder** Registrar.

36PAGE

1901 2 T 100

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **394477**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Bonneville** (b) City **Eagle Park**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county **four** years months days

4. FULL NAME OF CHILD **Ranghild Emma Roystad**

6. Sex **Female** 7. Twin or Triplet **Triplet** If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME **Johannes Roystad**
11. Color **White** 12. Age at time of THIS birth **31** yrs.
13. Birthplace **Christiania Norway**
(City or town) (State or foreign country)
14. Exact Occupation **Tailor**
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Bonneville**
(c) City **Eagle Park**
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **five** yrs

3. RESIDENCE OF FATHER (city, state) **Eagle Park Idaho**

5. Date of Birth of Child
(Month, day, year) **9-15-91**

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Julene Eiksen**
17. Color **White** 18. Age at time of THIS birth **30** yrs.
19. Birthplace **Christiania Norway**
(City or town) (State or foreign country)
20. Exact Occupation **House wife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Idaho** County of **Canyon** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Brother** of the person whose name appears in Item 4, above, that I am now **64** years of age, that I have known this person for **53** years, and that

Dr. Bean (First name) (Last name), who attended this birth **is now deceased** (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hudolf J. Roystad Jr. Signature
409 Cleveland P. O. Address

Subscribed and sworn to before me this **11** day of **September**, 19 **44**

(SEAL) **Lucia Kress** Notary Public, residing at **Caldwell, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **SEP 19 1944** by **Mabel Polder** Registrar.

SEP 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-105-003-319 395088

United States (Be sure the information is as of date of birth of THIS child.) State File No. _____
 Department of Commerce Local Reg. No. _____
 Bureau of the Census STATE OF IDAHO Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Bannock (b) City Cleveland
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: confined at home
 (e) Mothers stay **BEFORE** delivery: _____
 In **THIS** county 60 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County Bannock
 (c) City Cleveland
 (d) Street Address or R.F.D. No. _____
 (e) How long has **MOTHER** lived in Idaho? 63 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cleveland Idaho
 5. Date of Birth of Child _____
 (Month, day, year) June 5 1891
 6. Sex male 7. Twin or Triplet _____ If so—born _____
 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD
 10. **FULL NAME** Peter Nielsen
 11. Color or Race White 12. Age at time of THIS birth 36 yrs.
 13. Birthplace Copenhagen Denmark
 (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business _____

MOTHER OF CHILD
 16. **FULL MAIDEN NAME** Mary Larsen
 17. Color or Race White 18. Age at time of THIS birth 36 yrs.
 19. Birthplace Logan Utah
 (City or town) (State or foreign country)
 20. Exact Occupation House wife
 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE
 24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
 (Born alive, stillborn) _____
 and at the place stated above, and that personal particulars were furnished by _____
 (First name) (Last name)
 who is related as _____
 (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
 Midwife _____

State of Idaho } ss.
 County of Bannock }

AFFIDAVIT
 (To be completed when the attendant does not sign in Item 25.)
 I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
 (Mother, etc.)
 above, that I am now 78 years of age, that I have known this person for 53 years, and that
Charlotte Walton who attended this birth is dead I further
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.
Mary Miller Signature
Thatcher Idaho P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.
 (SEAL) Edmund A. [Signature] Notary Public, residing at Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 - 1944 by Mabel Elder Registrar.

7461 9 130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

715-201-203-378
 United States
 Department of Commerce
 Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **395689**
 Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Perry</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>confined at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>16</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Perry</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>16</u> yrs.	
4. FULL NAME OF CHILD <u>Vera Charlotte Panter</u> 6. Sex <u>Female</u> 7. Twin or Triplet <u>Triple</u> 8. No. months of Pregnancy <u>9mo</u> 9. Legitimate? <u>yes</u>		5. Date of Birth of Child (Month, day, year) <u>Sept 1 1891</u> 10. FULL NAME <u>Charles Panter</u> 16. FULL MAIDEN NAME <u>Margaret Cahoon</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>25</u> yrs. 13. Birthplace <u>Murray Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business	
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Brigham City Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business		11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>25</u> yrs. 13. Birthplace <u>Murray Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by
 who is related as
 (Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Idaho Midwife

AFFIDAVIT

State of Idaho } ss.
 County of Bannock }

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 47 years, and that Mary Lundgreen, who attended this birth, cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Panter Signature
Thatcher Sda P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

....., Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1944 by Mary H. Elder Registrar.

1961 9 100

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **395694**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Latah** (b) City **Moscow**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **None**
(e) Mothers stay **BEFORE** delivery:
In **THIS** county **2** years **11** months **18** days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Latah**
(c) City **Moscow**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **3** yrs.
3. **RESIDENCE OF FATHER** (city, state) **Moscow, Idaho**

4. **FULL NAME OF CHILD** **Frances Estes**
6. Sex **female**
7. Twin or Triplet
If so—born 1st, 2nd, 3rd

5. Date of Birth of Child **Oct. 19, 1891**
(Month, day, year)
8. No. months of Pregnancy **9**
9. Legitimate? **yes**

FATHER OF CHILD
10. **FULL NAME** **Karr Calvin Estes**
11. Color or Race **White** 12. Age at time of THIS birth **31** yrs.
13. Birthplace **Ash Flat Arkansas**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **Nancy Florence Brock**
17. Color or Race **White** 18. Age at time of THIS birth **19** yrs.
19. Birthplace **Harrisburg, Oregon**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **None**
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **71** years of age, that I have known this person for **52** years, and that
Dr. Carithers who attended this birth **is now deceased**
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Nancy Florence Brock Signature
305 Montreal St. Victoria B.C. Canada P. O. Address

Subscribed and sworn to before me this **13th** day of **September**, 19**45**
(SEAL) **Wm. J. Straith** Notary Public, residing at **Victoria B.C.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **Wm. J. Straith** Registrar.


Received for filing on **OCT 4 - 1944** by **Wm. J. Straith**

1001 9 130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

712-113003-366

398211

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County <u>BANNOCK</u> (b) City <u>LAGO</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days <u>At Home</u> In THIS county. <u>10</u> years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>BANNOCK</u> (c) City <u>LAGO</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>10</u> yrs. (f) Mother's mailing address <u>Lago, Ida.</u>	
4. FULL NAME OF CHILD <u>Roscoe Cook Bassett</u>		5. Date of Birth <u>12-13-1891</u> (Month, day, year)	
6. Sex <u>Male</u>	7. Twin or Triplet <u>None</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>William Henry Bassett</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>24</u> yrs. 13. Birthplace <u>SALT LAKE CITY, UTAH</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business <u>AGRICULTURAL</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>MARIE COOK</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>36</u> years 19. Birthplace <u>CEDAR FORT, UTAH</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>None</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>✓</u> (c) Born alive and now dead <u>1</u> (d) Stillborn <u>None</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Born Alive</u> at <u>7 o'clock</u> P.M. on the date <u>DEC 4 - 1944</u> and at the place stated above, and that personal particulars were furnished by <u>Lillie S. Hansen</u> , who is related to this child as <u>Sister</u> (Mother, etc.) (First name) (Last name)			
26. (a) (Date received)		25. Attendant's <u>Catherine Christensen</u> OWN signatureM.D. or <u>midwife</u> (D.O., midwife, etc.)	
27. Given name added on (Registrar's signature)		and address <u>481 Center St. Logan, Utah</u> Date <u>11-26-44</u>	

State of..... }
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)..... as....., whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended said birth..... (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this..... day of.....

(SEAL)

.....Name
.....P. O. Address
.....Notary Public, residing at.....

115800

9 338

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

141 208019 813
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **398232**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Challin
(c) Street Address or R.F.D. No. on a farm
(d) Name of Hospital or Maternity Home: Private home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county one years 8 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challin
(d) Street Address or R.F.D. No. Country dead end
(e) How long has **MOTHER** lived in Idaho? 4 1/2 yrs

4. **FULL NAME OF CHILD** Pearl Isabelle Adams
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Challin Idaho
5. Date of Birth of Child
(Month, day, year) August 14th 1891
8. No. months of Pregnancy nine
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John Zwing Adams
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Dublin Ireland
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Isabelle Romani Hallarum
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace New Orleans Louisiana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature Idah M.D. Address Date
Midwife

State of Idaho ss.
County of Custer

I, the undersigned, being first duly sworn, say that I am the Quint of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 53 years of age, that I have known this person for 53 years, and that
Unknown who attended this birth deceased I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 19th day of Aug, 1944
(SEAL) John Boyd, Custer Co. Recorder Notary Public, residing at Challin, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 - 1944 by Malv Helder Registrar.

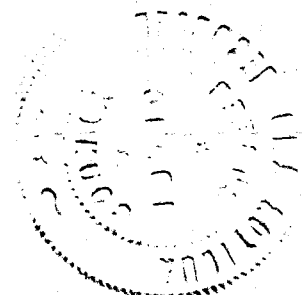
State File No. _____
Local File No. _____
Reg. Fee No. _____
Department of Health
Bureau of Vital Statistics
Division of Births and Deaths

DEC 8 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 139, 1937
has not been registered, and in case of children
of the child is living or accessible, or the nearest of kin or guardian, or some person
having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154-219021-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **398342**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Weston
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Weston
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
3. **RESIDENCE OF FATHER** (city, state) Denmark

4. **FULL NAME OF CHILD** Ruth Vinnia Anderson
5. Date of Birth of Child
(Month, day, year) May 19, 1891
6. Sex female
7. Twin or Triplet _____ If so—born _____
1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Hans Anderson
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Mary McCulloch
17. Color or Race white
18. Age at time of THIS birth 10 yrs.
19. Birthplace Weston, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Isabell Hurst
(First name) (Last name)
who is related as Aunt
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

- State of Idaho } ss.
County of Franklin }

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 75 years of age, that I have known this person for 53 years, and that
Belatta Jensen who attended this birth is now deceased
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Ruth Vinnia Anderson Signature
128 East Oneida Preston, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of Dec, 1944.
(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1944 by Mabel Helder, Registrar

DEC 1 9 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

513-102-006-031

United States (Be sure the information is as of date of birth of THIS child.) State File No. **399538**
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay BEFORE delivery:
In THIS county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley Idaho
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Melvin J. Eaton

5. **Date of Birth of Child** (Month, day, year) Oct. 22, 1926

6. Sex M 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Zera Eaton

11. Color or Race white 12. Age at time of THIS birth 38 yrs.

13. Birthplace Vernal Utah (City or town) (State or foreign country)

14. Exact Occupation Truck Driving

15. Industry or Business County Truck

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alcie Bertha Starkie

17. Color or Race white 18. Age at time of THIS birth 37 yrs.

19. Birthplace Vernal Utah (City or town) (State or foreign country)

20. Exact Occupation House keeping

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum arginal 1890

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at S R M. on the date _____ and at the place stated above, and that personal particulars were furnished by Zera Eaton (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's OWN signature Edwin Culler M.D. Address Shelley Date 12/19/44
Midwife _____

State of _____ } ss. **AFFIDAVIT**
County of _____ } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1944 by Mal Helder, Registrar

220000
AUG 15 1956

JAN 8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

165-209-007253

400850

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Bellevue</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At home.</u> (e) Mothers stay BEFORE delivery: In THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Bellevue</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>Viva Vennetta Donnelly.</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 9, 1891.</u>	
6 Sex <u>FM</u>	7. Twin or <u>Triplet single</u> If so—born <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Patrick Daniel Donnelly</u>		16. FULL MAIDEN NAME <u>Hattie Bellinger.</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>29</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>18</u> yrs.
13. Birthplace <u>St Louis Mo.</u> <u>U.S.A.</u> (City or town) (State or foreign country)		19. Birthplace <u>Canyon City, Ore.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Miner</u>		20. Exact Occupation <u>housewife.</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Idaho } ss. **AFFIDAVIT**
County of Blaine } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 53 years, and that Mrs Daton who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Hattie Donnelly Signature
Hailey, Idaho. P. O. Address

Subscribed and sworn to before me this 23rd. day of January, 1945
(SEAL) R. J. McCay Notary Public, residing at Hailey, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1945 by _____, Registrar

JAN 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

248-205 204-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **402231**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Beau Lake (b) City Montpelier
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: own home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 10 years 2 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Beau Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

4. **FULL NAME OF CHILD** Rose Buhler
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
6 Sex Female

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho
5. Date of Birth of Child (Month, day, year) Mar 5 1891
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Christian Buhler Sr
11. Color or Race white 12. Age at time of THIS birth 49 yrs.
13. Birthplace Germany Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Elizabeth Bartoli
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Eggmühle Switzerland (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 3 A M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lizzie Althman (First name) (Last name)
who is related as sister (Mother, etc.)

25. Attendant's **OWN** signature _____ **MD** Address _____ Date _____
Midwife

State of Idaho } ss. **AFFIDAVIT**
County of Beau Lake }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 54 years, and that Mrs Hall who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 5th day of March 1945
(SEAL) Albert C. Leary Notary Public, residing at Montpelier, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

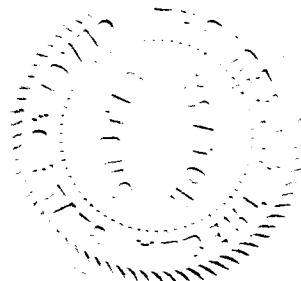
Received for filing on MAR 9 1945 by _____, Registrar

MAR 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States

Department of Commerce

Bureau of the Census

256-201 014-445

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402270

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Caldwell

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:

In THIS county 3 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon

(c) Caldwell

(d) Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? three yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell Idaho

4. FULL NAME OF CHILD Ala Ida S. Snodgrass

5. Date of Birth of Child (Month, day, year) Aug. 1 - 1891

6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Normal 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Everett Snodgrass

11. Color or Race White 12. Age at time of THIS birth 29 (29) yrs

13. Birthplace Boonville, Mo. (City or town) (State or foreign country)

14. Exact Occupation Barber

15. Industry or Business Barber (for self)

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Lungan

17. Color or Race White 18. Age at time of THIS birth 21 yrs

19. Birthplace Boonville, Mo. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at P. M. on the date

and at the place stated above, and that personal particulars were furnished by Anna Belle Moore (Born alive, stillborn)

who is related as Aunt (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature Anna Belle Moore M.D. Address 320 Sierra Way, Dinuba, Calif. Date

State of Calif. County of Tulare ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, (Mother, etc.)

above, that I am now 73 years of age, that I have known this person for all her life years, and that

Dr. (First name) Isham (Last name) who attended this birth is now deceased I further

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Belle Moore Signature

320 Sierra Way, Dinuba, Cal. P. O. Address

Subscribed and sworn to before me this 29th day of January, 1945.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914 Idaho Code Annotated.)

Received for filing on MAR 12 1945 by McBormick Registrar.

MAR 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Mullan</u> (c) Street Address or R.F.D. No. <u>-</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>4</u> years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Mullan</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.
---	--

4. FULL NAME OF CHILD <u>Inez May Goss</u>	5. Date of Birth of Child (Month, day, year) <u>June 22, 1891</u>
6 Sex <u>female</u>	7. Twin or Triplet <u>single</u> If so—born 1st, 2nd, 3rd <u>-</u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD

10. FULL NAME <u>John C. Goss</u>
11. Color or Race <u>white</u>
12. Age at time of THIS birth <u>36</u> yrs.
13. Birthplace <u>Germany</u> (City or town) (State or foreign country)
14. Exact Occupation <u>lumber business-sawyer</u>
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Carrie C. Newman</u>
17. Color or Race <u>white</u>
18. Age at time of THIS birth <u>29</u> yrs.
19. Birthplace <u>Illinois</u> (City or town) (State or foreign country)
20. Exact Occupation <u>housewife</u>
21. Industry or Business <u>"</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>-</u>
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>3</u>

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 5.00 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by John C. Goss (First name) (Last name)
who is related as father (Mother, etc.)

25. Attendant's OWN signature (deceased) **M.D. Address** **Date**
Washington Stevens ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears (Mother, etc.)
in Item 4, above, that I am now 90 years of age, that I have known this person for life yes, and that the doctor (Name unknown) who attended this birth is deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

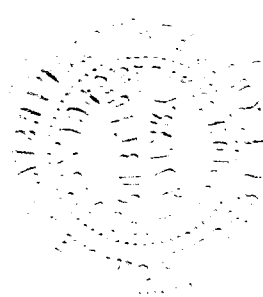
Signature John C. Goss P. O. Address _____
Subscribed and sworn to before me this 9th day of February, 1945.
(SEAL) Robert J. Kiger Notary Public, residing at Chewelah, Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

MAR 2 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

299 128 013-967

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

403475
State File No. 403475
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Camas</u> (b) City <u>Chriton</u> (c) Street Address or R.F.D. No. <u>(now Soldier)</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county <u>10</u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Camas</u> (c) City <u>Chriton (now Soldier)</u> (d) Street Address or R.F.D. No. <u> </u> (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>ROBERT MERIT BRISCOE</u>		5. Date of Birth of Child (Month, day, year) <u>July 28, 1891</u>	
6 Sex <u>male</u>	7. Twin or Triplet <u> </u> If so—born <u> </u> 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Isaac Jackson Briscoe</u>		16. FULL MAIDEN NAME <u>Elizabeth Rogers</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>49</u> yrs.		18. Age at time of THIS birth <u>41</u> yrs.	
13. Birthplace <u>unknown Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>unknown Tennessee</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Blacksmith</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>blacksmithing</u>		21. Industry or Business <u>Keeping house</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>10</u> (b) Born alive and now living <u>10</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature **M.D. Address** **Date**
Midwife

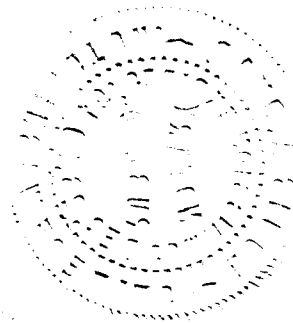
State of Washington **County of** Walla Walla } ss. **AFFIDAVIT**
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for over 53 years, and that Mrs. (unknown) Skelton who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Dorotha Briscoe White Signature
Waitsburg, Washington P. O. Address
Subscribed and sworn to before me this 26th day of March, 1945.
(SEAL) Notary Public, residing at Waitsburg
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Washington
Received for filing on APR - 9 1945 by Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only **BLACK** Ink or **BLACK** Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope, adding **FIRST-CLASS** postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Such certified copy requires an advance payment of fifty cents, money order or coin.

593-222001-229

4035 20

403530

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Caldwell</u> (c) Street Address or R.F.D. No. <u>XXXXXXX</u> (d) Name of Hospital or Maternity Home: <u>XXXXXX</u> (e) Mothers stay BEFORE delivery: In THIS county <u>7</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Caldwell</u> (d) Street Address or R.F.D. No. <u>XXX</u> (e) How long has MOTHER lived in Idaho? <u>61</u> yrs.	
4. FULL NAME OF CHILD <u>Nancy Angeline Nichols</u> 7. Twin or Triplet <u>X</u> If so—born 1st, 2nd, 3rd <u>X</u>		5. Date of Birth of Child (Month, day, year) <u>July 22, 1891</u> 8. No. months of Pregnancy <u>9Mo</u> 9. Legitimate? <u>Yes</u>	
6 Sex <u>Female</u> FATHER OF CHILD 10. FULL NAME <u>Jasper Conoway Nichols</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>23</u> yrs. 13. Birthplace <u>Cedar County, Mo.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer.</u> 15. Industry or Business <u>Stockman.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Keturah R. Shields</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>19</u> yrs. 19. Birthplace <u>Bond County, Ills.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife.</u> 21. Industry or Business <u>XXXXXX</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>0</u> (b) Born alive and now living <u>Yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 1 P. M. on the date Keturah R. Nichols and at the place stated above, and that personal particulars were furnished by Keturah R. Nichols who is related as Mother of the child.
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of _____ } ss.
County of _____ }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 53 years, and that Frances A. Sackett who attended this birth is deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Mother of the person whose name appears (Mother, etc.)

I have known this person for 53 years, and that is deceased. I further

(Is now deceased) or (Cannot be located)

Keturah R. Nichols Signature
Caldwell, Idaho, Route 1. P. O. Address

Subscribed and sworn to before me this 11th day of April 1945

(SEAL) Will E. Tison Notary Public, residing at Boise Idaho

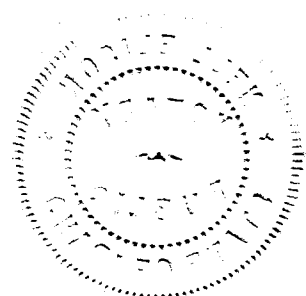
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, annotated.)
Received for filing on APR 11 1945 by Mary R. Alder Registrar

APR 11 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

751-223 005-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

APR 16 1945

STATE OF IDAHO

State File No. **404574**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. <u>758 N. Harrison av.</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. <u>758 N. Harrison av.</u> (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Ethel Peake</u>		5. Date of Birth of Child (Month, day, year) <u>July, 23rd 1891</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Charles Peake</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>40</u> yrs. 13. Birthplace _____ (City or town) _____ (State or foreign country) <u>Wales</u> 14. Exact Occupation <u>R. R. Shops. - Laborer</u> 15. Industry or Business <u>O. S. L. R. R.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Elizabeth Ward</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>42</u> yrs. 19. Birthplace _____ (City or town) _____ (State or foreign country) <u>Little Cheshire England</u> 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____

AFFIDAVIT
State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Bannock }
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 54 years, and that ma mc. millan who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address
Subscribed and sworn to before me this 6th day of April 1945
(SEAL) Anna Keefe Notary Public, residing at Pocatello
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on APR 23 1945 by Glenn A. ret. Court Registrar

APR 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-222 007-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **104730**
Local Reg. No. **104730**
Reg. Dist. No. **104730**

1. PLACE OF BIRTH (All items at time of this birth) (a) County BLAINE (b) City KETCHUM (c) Street Address or R.F.D. No. NONE (d) Name of Hospital or Maternity Home: at home (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State IDAHO (b) County BLAINE (c) City KETCHUM (d) Street Address or R.F.D. No. NONE (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD AENORA ERICA BRUMLEY 7. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) December 22, 1891 8. No. months of Pregnancy 9 9. Legitimate? yes	
6. Sex FEMALE FATHER OF CHILD 10. FULL NAME JOHN HARMON MILEY 11. Color or Race WHITE 12. Age at time of THIS birth 33 yrs. 13. Birthplace PETERSBURG, INDIANA (City or town) (State or foreign country) 14. Exact Occupation OWNER of BUSINESS 15. Industry or Business WHOLESALE LIQUOR		MOTHER OF CHILD 16. FULL MAIDEN NAME MINERVA JANE BENSON 17. Color or Race WHITE 18. Age at time of THIS birth 20 yrs. 19. Birthplace HUTCHINSON, KANSAS (City or town) (State or foreign country) 20. Exact Occupation HOUSE WIFE 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's _____ M.D. _____ Address _____ Date _____
OWN signature _____ Midwife _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **friend** _____ of the person whose name appears in Item 4, above, that I am now **98** years of age, that I have known this person for **53** years, and that **Dr. Lewis** _____, who attended this birth, **is now deceased** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) _____ (Last name) _____ (Is now deceased) or (Cannot be located)

Signature **Cecelia Thomas** _____
Hailey, Idaho _____ P. O. Address _____

Subscribed and sworn to before me this **6th** day of **April**, 19**45**.
Joseph M. Gidd _____, Notary Public, residing at **Hailey, Idaho**
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

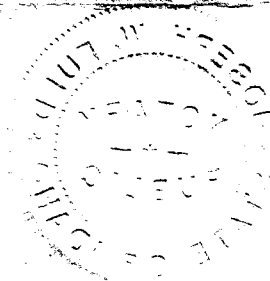
Received for filing on **MAY 8 1945** by _____, Registrar.

Elizabeth Miley
MAY 9 - 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 139, 1937 Session Laws, has not been recorded, or in case of failure to report a birth which has occurred subsequent to such date, such report may be filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, if such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493 125 025 366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **404795**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Brangwille</u> (c) Street Address or R.F.D. No. <u>Hornet St</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>near Brangwille - 12 miles</u> (d) Street Address or R.F.D. No. <u>on Hornet St</u> (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Blayne Miller</u>		5. Date of Birth of Child (Month, day, year) <u>Aug 25, 1891</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Baylis Keane Miller</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Elizabethton - Kan</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lucy Ellen Low</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth yrs. 19. Birthplace <u>Pack County - Oregon</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature **M.D. Address** **Date**

AFFIDAVIT

State of Washington } ss. (To be completed when the attendant does not sign in Item 25.)
County of Spokane }
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)
in Item 4 above, that I am now 79 years of age, that I have known this person for 53 years, and that
Mrs. Williams who attended this birth now deceased further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Aug. E. Miller Signature
3308 W Gordon Av P. O. Address
Subscribed and sworn to before me this 18th day of May, 1945
(SEAL) L. H. Thompson Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on MAY 23 1945 by John F. Bolder, Registrar

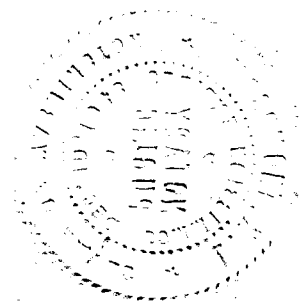
307204

MAY 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

713-106-1004-863
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **104821**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Preston</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Preston</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>22</u> yrs.	
4. FULL NAME OF CHILD <u>Levi Lester Palmer</u>		5. Date of Birth of Child (Month, day, year) <u>9/6/1891</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Isaac Ockinson Palmer</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>43</u> yrs. 13. Birthplace <u>Sheskofoern</u> <u>Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Alice Elisabeth Holmes</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>38</u> yrs. 19. Birthplace <u>London</u> <u>England</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>9</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of ARIZONA } ss. **AFFIDAVIT**
County of Graham }

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 53 years, and that Mrs. Greenhaigh who attended this birth can not be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Isaac J Palmer Signature
P. O. Address _____

Subscribed and sworn to before me this 10 day of May, 1945
(SEAL) John H. Hopkin Notary Public, residing at Thatcher Ariz
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code, annotated.)

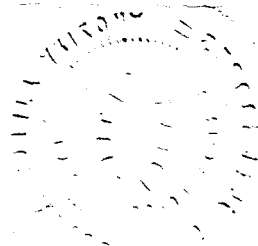
Received for filing on MAY 23 1945 by John H. Hopkin, Registrar

4402
MAY 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-204-00-319
United States

(Be sure the information is as of date of birth of THIS child.)

State File No. **404829**

Department of Commerce

CERTIFICATE OF BIRTH

Local Reg. No. _____

Bureau of the Census

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Eagle

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mothers stay **BEFORE** delivery:
In **THIS** county years 3 months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Eagle

(d) Street Address or R.F.D. No. _____

(e) How long has **MOTHER** lived in Idaho? 4 yrs.

4. FULL NAME OF CHILD

Sarah Frances Brown

5. Date of Birth of Child
(Month, day, year) Dec 4, 1894

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Galen Brown

11. Color or Race white 12. Age at time of THIS birth 41 yrs.

13. Birthplace Joplin Missouri
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret D. Cary

17. Color or Race white 18. Age at time of THIS birth 35 yrs.

19. Birthplace Sherman Texas
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____

(First name)

(Last name)

who is related as _____

(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho } ss.
County of Ada

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,

(Mother, etc.)

above, that I am now 70 years of age, that I have known this person for 52 years, and that

Mrs. Austin who attended this birth is now deceased I further

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie D. Rutledge Signature

P. O. Address

Subscribed and sworn to before me this 17th day of May, 1945

(SEAL)

Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1945 by Mabel Helder Registrar.

156404

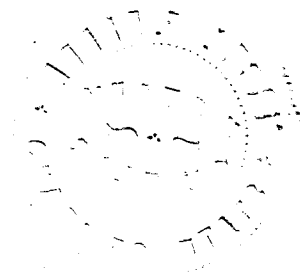
SEP 20 1961

MAY 23 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-202-002-363
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **405941**

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City Meadows
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: home
In **THIS** county 16 years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Meadows
(d) Street Address or R.F.D. No. R.F.D. Number
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
3. **RESIDENCE OF FATHER** (city, state) Meadows Idaho

4. **FULL NAME OF CHILD** Lela Alta Lyons
5. **Date of Birth of Child**
(Month, day, year) Nov 2 - 1898
6. Sex girl 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** John Newton Lyons
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Buwalda, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business in meadows, Idaho
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Alta Elizabeth Caplan
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Cove, Oregon
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 10 A.M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Alta Lyons
(First name) (Last name)
who is related as mother
(Mother, etc.)

25. Attendant's **OWN** signature Dead M.D. Address _____ Date _____
Midwife _____

- State of _____ } ss.
County of _____ }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 75 years of age, that I have known this person for 53 years, and that
Dr. Sherwood who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Subscribed and sworn to before me this 23rd day of May 1940
(SEAL) _____, Notary Public, residing at Chino, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1940 AINBRIDGE Notary Public in and for County of Butte, State of California, Registrar

JUN

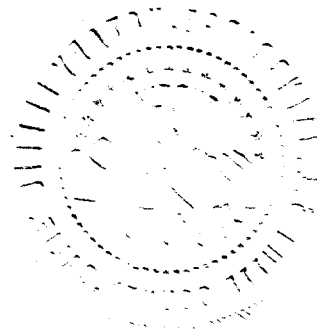
2

1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

793-109 001-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **107320**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>7</u> mo. <u>3</u> yrs.
--	---

4. FULL NAME OF CHILD <u>James Willis Gilmore</u>	5. Date of Birth of Child (Month, day, year) <u>Apr. 9, 1891</u>
6 Sex <u>Male</u>	7. Twin or Triplet <u>No</u> If so—born <u>1st, 2nd, 3rd</u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD

10. FULL NAME <u>Willis Pressley Gilmore</u>
11. Color or Race <u>White</u>
12. Age at time of THIS birth <u>44</u> yrs.
13. Birthplace <u>Missouri</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Gerelda Carter</u>
17. Color or Race <u>white</u>
18. Age at time of THIS birth <u>36</u> yrs.
19. Birthplace <u>Keokuk Iowa</u> (City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child <u>9</u> (b) Born alive and now living <u>6</u>

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature	M.D. Address	Date
_____	Midwife	_____

State of MONTANA } ss.
County of RAVALLI }
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 54 years, and that Mrs. Harry Sakes who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Immaud Shawver Signature
Ed Hamilton, Mont. P. O. Address

Subscribed and sworn to before me this 6th day of June, 1945
(SEAL) E. Mosher Notary Public, residing at Hamilton Mont.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 28 1945 by Mary H. H. Registrar

USSTOA

JUN 28 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.~~

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

796-128010813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **407242**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **BONNEVILLE** (b) City **WOORVILLE**
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **IDAHO** (b) County **BONNEVILLE**
(c) City **WOORVILLE**
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? **ABT. 1** yrs.

4. **FULL NAME OF CHILD** **LESTER GIFFORD**
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
6 Sex **MALE**

3. **RESIDENCE OF FATHER** (city, state) _____
5. Date of Birth of Child (Month, day, year) **AUGUST 28-1891**
8. No. months of Pregnancy **9** 9. Legitimate? **YES**

FATHER OF CHILD
10. **FULL NAME** **GEORGE W. GIFFORD**
11. Color or Race **WHITE** 12. Age at time of THIS birth **34** yrs.
13. Birthplace **MANTI UTAH**
(City or town) (State or foreign country)
14. Exact Occupation **FARMER**
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **LOUISA. HALE**
17. Color or Race **WHITE** 18. Age at time of THIS birth **34** yrs.
19. Birthplace _____
(City or town) (State or foreign country)
20. Exact Occupation **HOUSEWIFE**
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum **NOT KNOWN**
23. Number of children of this mother: (a) At time of birth and including this child **7** (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was **LIVE** at _____ M. on the date _____
(Born alive, stillborn) **GEORGE A. GIFFORD**
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as **BROTHER**
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of _____ } ss. **AFFIDAVIT**
County of _____ }
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the **BROTHER** of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now **63** years of age, that I have known this person for **53** years, and that
and wife unwoven who attended this birth _____ I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

George A. Gifford Signature
Firth Idaho P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19_____
(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUL 2 1945** by **Mary Helder**, Registrar

JUL 2

1945

1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

655-228025 655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **408437**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery:
In THIS county 18 years — months — days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 25/18 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Susan Maria Overman
5. **Date of Birth of Child** (Month, day, year) 7/28/91
6. Sex Female 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Cyrus Overman
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Grangeville, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming & Stockraising
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Malinda A. Overman
17. Color White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Indiana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None
22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** _____ M.D. Address _____ Date _____
Midwife

- State of Washington } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the _____ (To be completed when the attendant does not sign in Item 25.)
(Mother, etc.) _____ the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for 54 years, and that _____, who attended this birth is now deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24th day of July, 1945
(SEAL) _____, Notary Public, residing at Seattle, Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1945 by Malinda Overman, Registrar

784800

AUG 10 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

569 270044-791
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

408494
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Mineral
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 10 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Mineral
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
3. **RESIDENCE OF FATHER** (city, state) Mineral, Ida.

4. **FULL NAME OF CHILD** Eva Norcross
5. Date of Birth of Child
(Month, day, year) June 20, 1891
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** William Alfred Norcross
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Nevada
(City or town) (State or foreign country)
14. Exact Occupation Storekeeper
15. Industry or Business Store
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Rosa Lavina Pratt
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Denver, Colorado
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (Born alive, stillborn) (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

- State of Idaho } ss. **AFFIDAVIT**
County of Minidoka }

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 24 years, and that Doctor who attended this birth is now dec'd I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)

under Chapter 139, 1937 Session Laws.

Mrs. Mallo Becker Signature
Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of August, 1945.

(SEAL) [Signature] Notary Public, residing at Rupert, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 97-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by Mallo Becker, Registrar

1-4-02
AUG 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is ~~living or accessible, of the nearest of kin or guardian, or some person~~ having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

649-212019-366
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

409610
State File No. 409610
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Custer</u> (b) City <u>Leslie</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Custer</u> (c) City <u>Leslie</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>8</u> yrs.	
4. FULL NAME OF CHILD <u>Grandolynne Irene Furey</u>		5. Date of Birth of Child (Month, day, year) <u>Jan 12, 1891</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>Triplet</u> 8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Charles Hughes Furey</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>43</u> yrs. 13. Birthplace <u>Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Clara Louise Coppin</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>48</u> yrs. 19. Birthplace <u>Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Ada }
I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for birth years, and that who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9th day of March 1945

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

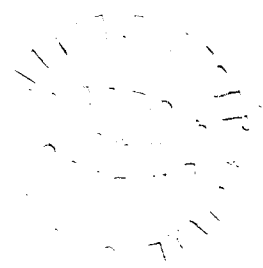
Received for filing on Oct 9 - 1945 by Mary E. Fisher, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

087 8 1945



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>Gen Dely</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: <u>8</u> months <u>0</u> days In THIS county years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>Gen'l Dely</u> (e) How long has MOTHER lived in Idaho? <u>8mos</u> yrs.
--	---

4. FULL NAME OF CHILD Walter John Langdon **5. Date of Birth of Child** (Month, day, year) Sept. 30, 1891

6. Sex male **7. Twin or Triplet** No **8. No. months of Pregnancy** 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Edmund Jason Langdon
11. Color or Race White **12. Age at time of THIS birth** 33 yrs.
13. Birthplace Illinois
(City or town) (State or foreign country)
14. Exact Occupation Sawmill owner
15. Industry or Business Saw Mill

MOTHER OF CHILD
16. FULL MAIDEN NAME Minnie Louise Cunningham
17. Color or Race White **18. Age at time of THIS birth** 19 yrs.
19. Birthplace Brownsville, Ore.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____
(Born alive, stillborn)
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Washington } ss. **AFFIDAVIT**
County of Whitman }

I, the undersigned, being first duly sworn, say that I am the neighbor & friend of the mother (To be completed when the attendant does not sign in Item 25.)
in Item 4, above, that I am now 74 years of age, that I have known this person since birth of the person whose name appears
(First name) (Last name) who attended this birth is now deceased further
(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 133, 1937 Session Laws.

Sadie Ewert Signature
Palouse Wash P. O. Address
Subscribed and sworn to before me this 23 day of August
(SEAL) Clarence Langdon Notary Public, residing at Palouse
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

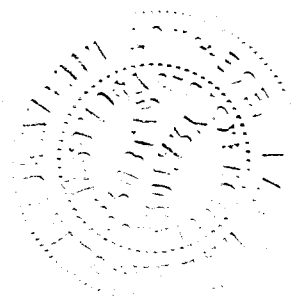
Received for filing on SEP 7 1945 by Mabel Helder Registrar

SEP 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

849-207-240-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **410807**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Myrtle</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>6</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Myrtle</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>Myrtle Eile Quist</u>		5. Date of Birth of Child (Month, day, year) <u>7-7-1891</u>	
6 Sex <u>Female</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Magnus S. Quist</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>47</u> yrs. 13. Birthplace <u>Sweden</u> (City or town) _____ (State or foreign country) _____ 14. Exact Occupation <u>Miner</u> 15. Industry or Business <u>Placer mining</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Theodosia Burr Wright</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Boise</u> <u>Idaho</u> (City or town) _____ (State or foreign country) _____ 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Own home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Oregon } ss. (To be completed when the attendant does not sign in Item 25.)
County of T Jackson }
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 79 years of age, that I have known this person for 53 years, and that
(First name) (Last name) who attended this birth 13 Nov deceased I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES FEB. 17, 1948

Subscribed and sworn to before me this 27 day of June, 1945
(SEAL) Carley Sengstad Notary Public, residing at Medford
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1945 by Mary F. L. L., Registrar

SEP 26 1945

MAY 20 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

313-105-028-995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **410845**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Hope
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery:
In THIS county 1 years 3 months 2 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Hope
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? One yrs.
3. **RESIDENCE OF FATHER** (city, state) Hope, Idaho

4. **FULL NAME OF CHILD** William H. Call
5. **Date of Birth of Child**
(Month, day, year) May 5, 1891
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** George M. Call
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Reading New York
(City or town) (State or foreign country)
14. Exact Occupation Shingle Sawyer
15. Industry or Business _____

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Anna M. Sieman
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Germany
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____
(Born alive, stillborn) (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Washington } ss.
County of King }

AFFIDAVIT

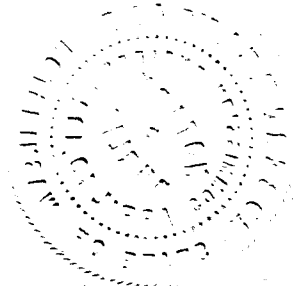
I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 54 years, and that Mrs. Harry Manning who attended this birth Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 22nd day of September, 1945
(SEAL) Robert S. Sandell, Notary Public, residing at Seattle wa
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on OCT 4 1945 by Mary F. Elder, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993-127004553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **411947**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine Co (b) City Shoshone
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine Co
(c) City Shoshone
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

4. **FULL NAME OF CHILD** Bernice Beatrice Richardson

5. **Date of Birth of Child**
(Month, day, year) June 27 - 1891

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alonzo King Richardson
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Huntville Utah
(City or town) (State or foreign country)
14. Exact Occupation Saw mill
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Nelson
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Shoshone City Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of _____
County of _____

AFFIDAVIT

ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 52 years, and that Martha Shirley who attended this birth is now deceased further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Richardson Signature
2406 Agate Eugene Ore P. O. Address
Shirley E. Eldredge Notary Public, residing at Portland, Oregon
(SEAL) Subscribed and sworn to before me this 17th day of October, 1927
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1945 by Robert F. Elder Registrar

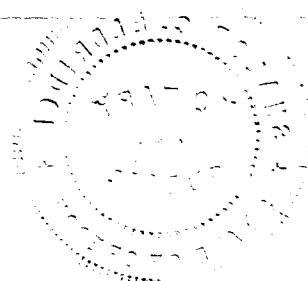
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **412027**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Menan</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Name of Mother</u> (e) Mothers stay BEFORE delivery: In THIS county <u>36</u> years <u>5</u> months <u>5</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Menan</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>40</u> yrs.	
4. FULL NAME OF CHILD <u>Alvin Shipper Green</u>		5. Date of Birth of Child (Month, day, year) <u>May 1, 1891</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Robert Alvin Green</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>South Cottonwood, S.S. Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Harriet Elizabeth Shipper</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>Poca Summit, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housekeeping</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>8</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

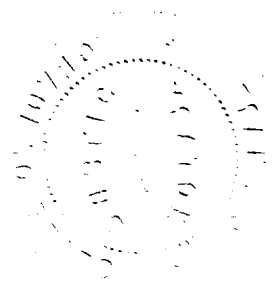
State of Idaho County of Jefferson ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for 54 years, and that Dr. Hyde who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
Christena Jane Green Signature
P. O. Address _____
Subscribed and sworn to before me this 2nd day of August 1945
(SEAL) _____ Notary Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 8 1945 by MAJ. F. H. [Signature] Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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369-207025-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **413105**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. ***
(d) Name of Hospital or Maternity Home: ***
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. ***
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

4. **FULL NAME OF CHILD** Jessie Irene Coram
6 Sex Female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Gville, Idaho
5. Date of Birth of Child (Month, day, year) Sept. 7, 1891
8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD
10. **FULL NAME** John Coram
11. Color or Race White 12. Age at time of THIS birth 50 yrs.
13. Birthplace England, Bristol
(City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business ***

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Catherine Carrothers.
17. Color or Race white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Belmont, Canada. (Ontario)
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business ***

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)
25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho
County of Idaho

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 54 years, and that S. E. Bibby who attended this birth is now dead I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Edward J. Coram born Dec. 30, 1893.
is now deceased.

Margaret J. Owens Signature
204 S. Main, Grangeville P. O. Address

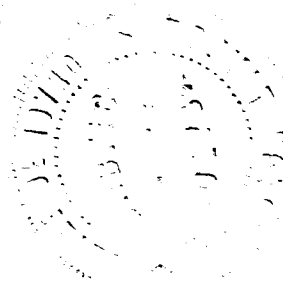
Subscribed and sworn to before me this 30th day of November, 1945
(SEAL) Hampton Taylor Notary Public, residing at Grangeville,
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1945 by Mary H. Elder, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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365-214016-816

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **413182**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Malta</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay BEFORE delivery: In THIS county <u>10</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Malta</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Rena Adaline Condit</u>		5. Date of Birth of Child (Month, day, year) <u>June 14, 1891</u>	
6. Sex <u>female</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Leonard Marion Condit</u>		14. FULL MAIDEN NAME <u>Mary Carmelia Hawley</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>41</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>37</u> yrs.
13. Birthplace <u>Little Sioux, Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Texas</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Arizona } ss. **AFFIDAVIT**
County of PINAL } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Oldest Brother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 54 years, and that Mrs John Boulwier, who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15th day of Dec 1945
(SEAL) John A. Boulwier Notary Public, residing at Pos. 11 DGE, ARIZ
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on my com. at Jan. 26, 1948 By John A. Boulwier Registrar

DEC 19 1945

MAY 11 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 10 1960

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

799-123-035-2997

United States (Be sure the information is as of date of birth of THIS child.) State File No. _____
Department of Commerce Local Reg. No. _____
Bureau of the Census Reg. Dist. No. 415367

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County My Perce (b) City Lewiston
(c) Street Address or R.F.D. No. A 7 D
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County My Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. A 7 D
(e) How long has MOTHER lived in Idaho? 24 yrs

3. **RESIDENCE OF FATHER** (city, state) Lewiston Idaho

4. **FULL NAME OF CHILD** William Joseph Griffin 5. Date of Birth of Child Feb. 23, 1891
(Month, day, year)

6 Sex male 7. Twin or If so, born 8. No. months 9. Legitimate? yes
Triplet 1st, 2nd, 3rd of Pregnancy

FATHER OF CHILD **MOTHER OF CHILD**

10. **FULL NAME** William A. Griffin 16. **FULL MAIDEN NAME** Anne Riggs
11. Color White 12. Age at time of THIS birth 41 yrs. 17. Color White 18. Age at time of THIS birth 31 yrs.
or Race or Race
13. Birthplace State of Mass. 19. Birthplace State of Ky.
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature Idaho M.D. Address _____ Date _____
Midwife

State of _____ ss. **AFFIDAVIT**
County of My Perce (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 56 years of age, that I have known this person for 54 years, and that
Dr. Kelley who attended this birth Dead I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Belle Griffin Rowland Signature
Sweetwater, Ida. P. O. Address _____
John R. Phillips Notary Public, residing at Lewiston
Ida.

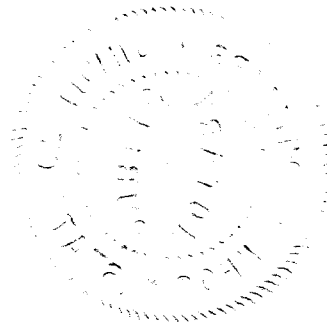
Subscribed and sworn to before me this _____ day of _____
(SEAL)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1946 by FEB 9 1946 John R. Phillips Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **416372**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Oneida</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City _____ (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.	
3. RESIDENCE OF FATHER (city, state) _____		5. Date of Birth of Child (Month, day, year) <u>6-17-1891</u>	
4. FULL NAME OF CHILD <u>June Evans</u>		6. Sex <u>Male</u>	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>			
FATHER OF CHILD 10. FULL NAME <u>John M. Evans</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Salt Lake City Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sabelle Burnett</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Salt Lake City Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>house wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Ada }
I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4. above, that I am now 84 years of age, that I have known this person for life years, and that Miss Staples who attended this birth _____ I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

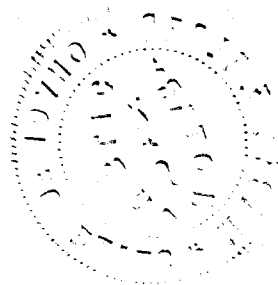
Alexander Burnett Signature
Boise, Idaho P. O. Address
Subscribed and sworn to before me this 26th day of March 1946
(SEAL) Mark E. Fisher Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on March 26 - 1946 by Mark E. Fisher Registrar

MAR 26 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



266-111-014-114

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **417300**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 816 Belmont St.
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell 816 Belmont St.
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? approx. four yrs.
(f) Mother's mailing address Caldwell, Idaho

4. FULL NAME OF CHILD James Loudon Boone

5. Date of Birth (Month, day, year) Dec. 11, 1891

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME William Judson Boone
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Canonsburg Pennsylvania
(City or town) (State or foreign country)
14. Exact Occupation Presbyterian Minister & Educator
15. Industry or Business President, The College of Idaho

16. FULL MAIDEN NAME Annie Elizabeth Jamison
17. Color White 18. Age at time of THIS birth 28 yrs.
(Now part of Pittsburgh, Pa.)
19. Birthplace Alleghany, Pennsylvania
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAR 25 1946 (Date received) (b) Mary Holder (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Ada

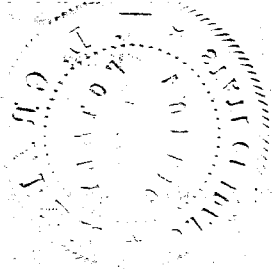
AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Boone, being first duly sworn, say that I am related to James Loudon Boone as the sister (Related to (or) acquainted with) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Lee, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Margaret Boone Signature
1217 No 11th Bond St. O. Address

Subscribed and sworn to before me on this 14 day of April, 1942
(SEAL) [Signature] Notary Public, residing at Boise Idaho

DELAYED



MAY 25 1911

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

(1937 Session Laws, Chapter 139, Section 4)

DELAYED REGISTRATION LAW

AUG 1 1911

RECEIVED

OFFICE OF THE

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294-117-006-366
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

417365
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Swan Lake</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At own home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>3</u> years <u>6</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Swan Lake</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>5-6 mos.</u> yrs.	
4. FULL NAME OF CHILD <u>Leslie Cook Brunker.</u>		5. Date of Birth of Child (Month, day, year) <u>Mar-17-1891</u>	
6 Sex <u>Male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes.</u>
FATHER OF CHILD 10. FULL NAME <u>Nephi Brunker.</u> 11. Color or Race <u>W.</u> 12. Age at time of THIS birth <u>40 mo.</u> yrs. 13. Birthplace <u>Pinkdale Eng</u> (City or town) (State or foreign country) 14. Exact Occupation <u>R. R. Section Foreman</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Burrows Cook.</u> 17. Color or Race <u>W.</u> 18. Age at time of THIS birth <u>32</u> yrs. 19. Birthplace <u>Ogden Weber Co. Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** Adelia Quigley Swan Lake-Ida. **Date** Deceased.

AFFIDAVIT

State of Utah County of Box Elder ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 55 years, and that Adelia Quigley who attended this birth deceased I further (First-name) (Last-name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

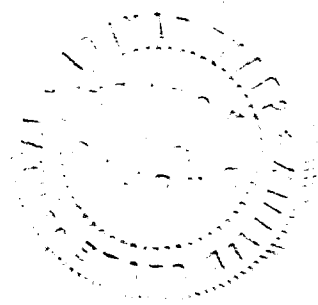
com-exp-3-2-1948
Subscribed and sworn to before me this 2nd day of April 1946
(SEAL) Grant Taylor Notary Public, residing at Willard
(Note: Perjury is punishable as a felony in Idaho; See Sec. 17-914, Idaho Code Annotated.)
Received for filing on APR 16 1946 by Maude Elder, Registrar

APR 17 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-121016-449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **418436**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

4. **FULL NAME OF CHILD** William Arthur Davidson
6 Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) same
5. Date of Birth of Child Dec. 21, 1891
(Month, day, year)
8. No. months of Pregnancy _____ 9. Legitimate? Yes _____

FATHER OF CHILD
10. **FULL NAME** Wm. Arthur Davidson
11. Color White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Boise Idaho
(City or town) (State or foreign country)
14. Exact Occupation Newspaperman
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Maryetta Durfee
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace -Jackson Co Mo.
(City or town) (State or foreign country)
20. Exact Occupation Home-keeper
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ (Physician Deceased) Date _____
Midwife _____

State of Idaho
County of Cassia } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Neighbor of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 54 years, and that Physician, who attended this birth is now deceased. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 135, 1937 Session Laws.

Earl Whiteley Subscribed and sworn to before me this 20 day of April, 1946
(SEAL) _____, Notary Public residing at Oakley Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

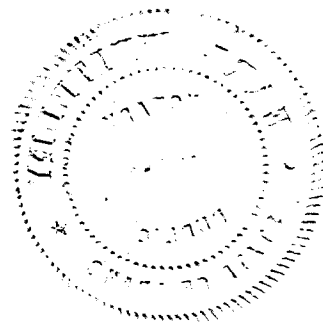
Received for filing on MAY 13 1946 by _____, Registrar

MAY 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693 214026 893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **419485**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Home (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:

IN THIS county 20 years months days

4. FULL NAME OF CHILD

Harriet Williams

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

10. FULL NAME

William Williams

11. Color or Race White

12. Age at time of THIS birth 20 yrs.

13. Birthplace South

(City or town) (State or foreign country)

14. Exact Occupation Farming
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lewiston

(c) City Lewiston

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston

5. Date of Birth of Child (Month, day, year) Nov 14 1891

8. No. months of Pregnancy 9

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Hulda W. Hall

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Idaho

(City or town) (State or foreign country)

20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at Lewiston Idaho on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is related to this child as

(Mother, etc.)

(First name)

(Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 53 (54) years, and that

Ida Mae Fot (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hulda Williams

Signature

P. O. Address

Subscribed and sworn to before me this 22nd day of May, 1946

(SEAL)

William P. Jones Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAY 24 1946

by

Mary Polder

Registrar.

APR 24 1949

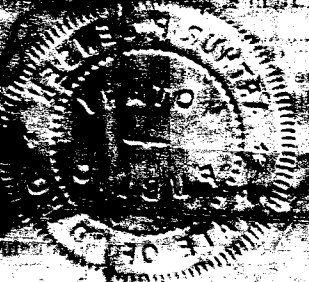
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1933 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics, if the report is accompanied by a certificate or affidavit of the father or mother or, if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

nb8

17



RECEIVED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

744 117021-867

United States (Be sure the information is as of date of birth of THIS child.) State File No. 419576
Department of Commerce
Bureau of the Census
CERTIFICATE OF BIRTH
STATE OF IDAHO
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Franklin, Ida

4. **FULL NAME OF CHILD** Henry Smith Gummersall

5. **Date of Birth of Child**
(Month, day, year) September 17 '91

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnancy 9 9. Legitimate? Yes 1891

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Smith Gummersall</u>	11. Color or Race <u>White</u>	14. FULL MAIDEN NAME <u>Pheoba, Hoghson</u>	15. Color or Race <u>White</u>
12. Age at time of THIS birth <u>Unknown</u> yrs.	13. Birthplace <u>Unknown</u> <u>England</u> (City or town) (State or foreign country)	16. Age at time of THIS birth <u>unknown</u> yrs.	17. Birthplace <u>Yorkshire</u> <u>England</u> (City or town) (State or foreign country)
18. Exact Occupation <u>Farmer</u>	19. Industry or Business <u>Farm</u>	20. Exact Occupation <u>Housewife</u>	21. Industry or Business <u>Farm</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

State of Idaho } ss.
County of Caribou }

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 54 years, and that Unknown who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record—
under Chapter 139, 1937 Session Laws.

Nettie Bheirrell Signature
Bencroft, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of June 1946
(SEAL) Colin E. Heister Clerk of District Court, residing at Salida, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1946 by Mabel Elder, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

266 - 204001 - 318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **419629**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 923 W. Idaho
(d) Name of Hospital or Maternity Home:
Residence -
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 1 years 3 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 923 W. Idaho
(e) How long has **MOTHER** lived in Idaho? 1 yr. yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Helen Mary Bowers 5. Date of Birth of Child Aug. 4th, 1991
(Month, day, year)

6 Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Lewis Campbell Bowers
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Millersburg, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Physician and Surgeon
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Margaret Taylor
17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Lancaster, Ky.,
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of..... } ss. **AFFIDAVIT**
County of..... } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that
....., who attended this birth.....I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)....., Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, annotated.)

Received for filing on JUL 2 1946 by Mary Elder, Registrar

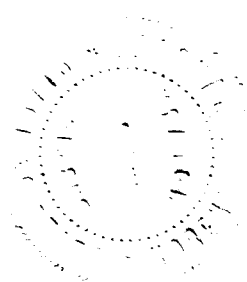
APR 7 1947

JUL 2 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



STATE OF IDAHO }
COUNTY OF ADA } SS

I, JOHN W. EAGLESON, Being first duly sworn deposes and says:

That he was well and personally acquainted with Lewis Campbell Bowers and Margaret Taylor Bowers, the Father and Mother of Helen Mary Bowers from the year 1894 until Lewis Campbell Bowers died in December, 1928 and Margaret Taylor Bowers died in January 1932 and that he has also known Helen Mary Bowers ever since 1894 and knows that she was the child of Lewis Campbell Bowers and Margaret Taylor Bowers, and always lived with them in the home of Lewis Campbell Bowers and Margaret Taylor Bowers.

That I am seventy-six (76) years of age.

SUBSCRIBED AND SWORN to be-fore me this 1 day of July, 1946.

JUL 2 1946

Robert Randall
Notary Public for Idaho
Residence: Boise, Idaho

I, John W. Lewis, being duly sworn, depose and say:
that he was well and reasonably acquainted with Lewis

Campbell, a negro, and Margaret Taylor Powers, the father and mother of Helen Mary
Powers from the year 1894 until Lewis Campbell was killed in the year 1928 and
Margaret Taylor Powers died in January 1928 and that he has also known Helen
Mary Powers ever since 1894 and knows that she was the child of Lewis Campbell
Powers and Margaret Taylor Powers, and they lived with them in the home of Lewis
Campbell Powers and Margaret Taylor Powers.

That I am seventy-six (76) years of age.

[Signature]

Subscribed and sworn to before me this 1st day of July, 1940.

[Signature]

Notary Public for New York
Residence: New York, New York



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-213-222-413

421981

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **421981**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Wilford</u> (c) Street Address or R.E.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home dwelling</u> (e) Mothers stay BEFORE delivery: In <u>THIS</u> county <u>6</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Wilford, near St. Anthony</u> (d) Street Address or R.F.D. No. <u>farm</u> (e) How long has MOTHER lived in Idaho? _____ yrs.
3. RESIDENCE OF FATHER (city, state) <u>same</u>		

4. FULL NAME OF CHILD Alice Jeanett Smith. **5. Date of Birth of Child** (Month, day, year) Sept. 13, 1891

6. Sex _____ **7. Twin or Triplet** _____ **8. No. months of Pregnancy** 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Jesse Lucius Smith

11. Color or Race White **12. Age at time of THIS birth** 32 yrs.

13. Birthplace Farmington, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Helen Walker

17. Color or Race White **18. Age at time of THIS birth** 32 yrs.

19. Birthplace Florence, Nebr.
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Amanda S. Bird who is related as Sister
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Utah
County of Salt Lake } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4. above, that I am now 68 years of age, that I have known this person for 55 years, and that Amanda Smith who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)

Amanda S. Bird Signature
2001 So. 15 - East P. O. Address

Subscribed and sworn to before me this 27th day of August, 1946

(SEAL) _____, Notary Public, residing at Salt Lake City, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

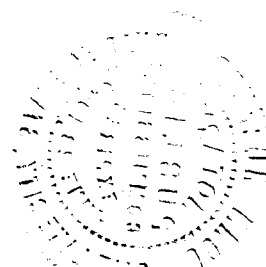
Received for filing on AUG 30 1946 by [Signature], Registrar

AUG 30 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.~~



DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

944 206 044-856

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **424606**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County..... (b) City COUNCIL (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mothers stay BEFORE delivery: In THIS county 3 years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State IDAHO (b) County..... (c) City COUNCIL (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? 20 yrs.	
4. FULL NAME OF CHILD NELLIE ORENA ZUMWALT		5. Date of Birth of Child (Month, day, year) Dec. 6, 1891	
6. Sex F 7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy 9 9. Legitimate? Yes	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME JEFFERSON BLEVINS ZUMWALT	16. FULL MAIDEN NAME EFFIE HEWETT		
11. Color or Race W	17. Color or Race W		
12. Age at time of THIS birth 34 yrs.	18. Age at time of THIS birth 23 yrs.		
13. Birthplace EUGENE ORE. (City or town) (State or foreign country)	19. Birthplace SEDALIA, MISSOURI (City or town) (State or foreign country)		
14. Exact Occupation FARMER	20. Exact Occupation HOUSE WIFE		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **Born alive** at **6 P.** M. on the date **Dec. 6, 1891** and at the place stated above, and that personal particulars were furnished by **Effie Hewett Zumwalt Sage** who is related as **Mother** (Mother, etc.)

25. Attendant's
OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
Midwife _____

State of **OREGON** } ss.
County of **YAMHILL** }
I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **77** years of age, that I have known this person for **54** years, and that **Mrs. Higgins** who attended this birth **cannot be located**. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Effie Hewett Sage Signature
1109 S. RIVER ST. NEWBERG ORE P. O. Address

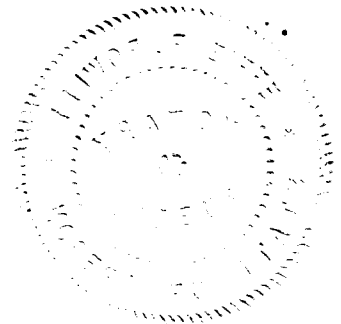
Subscribed and sworn to before me this **20th** day of **September**, 194**6**.
(SEAL) **Effie R. Powell** Notary Public, residing at **Newberg, Ore.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires **March 28, 1948**

Received for filing on **OCT 10 1946** by **John W. Wright** Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-228-029519

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **426010**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Satah (b) City Moscow
(c) Street Address or R.F.D. No. On ranch in mts
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Satah
(c) City Moscow
(d) Street Address or R.F.D. No. Ranch in mts
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

4. **FULL NAME OF CHILD** Ethel Mae McKinstry
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. **Date of Birth of Child** (Month, day, year) Feb. 28-1891
8. No. months of Pregnancy 9 mo 9. Legitimate? yes

6 Sex Female
FATHER OF CHILD
10. **FULL NAME** Albert Clark McKinstry
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Wiles Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Edna Hartzell
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Cassopolis Michigan (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. **Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of California
County of San Bernardino

ss. **AFFIDAVIT**
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 55 years, and that Dr. Watkins (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna H. Mc-Kinstry Signature
Box 374 Victorville, California P. O. Address

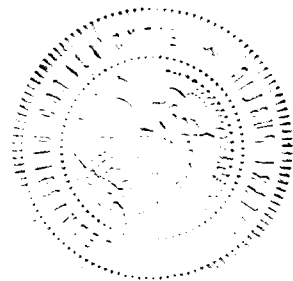
Subscribed and sworn to before me this 28th day of October, 1946.
(SEAL) J. A. Harrison Notary Public, residing at Victorville, California
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)
Received for filing on NOV 1 1946 by John W. Wright Registrar

APR 2 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154-121030-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **426036**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. R.T.D.
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No. R.T.D.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

4. **FULL NAME OF CHILD** George Laird Andrews
6. Sex Male
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) Salmon, Idaho
5. Date of Birth of Child (Month, day, year) May 21, 1891
8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** William A. Andrews
11. Color or Race white 12. Age at time of THIS birth 45 yrs.
13. Birthplace Newark N.Y. (City or town) (State or foreign country)
14. Exact Occupation Farming & freighting
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Juliette Andrews
17. Color or Race white 18. Age at time of THIS birth 40 yrs.
19. Birthplace Dane Co. Wis. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of California } ss.
County of _____

I, the undersigned, being first duly sworn, say that I am the HALF-BROTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 55 years, and that Dr. George A. Kearney (First name) (Last name) who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7th day of October, 1946
(SEAL) William A. Mullins Notary Public, residing at Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

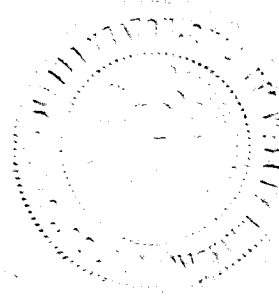
Received for filing on NOV 1 1946 by John W. Wright Registrar

491 2 101

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-208 017-647

427543

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clark (b) City Kilgore
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Her parents home
(e) Mothers stay BEFORE delivery:
In THIS county 29 years 3 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Kilgore
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 2 yrs.

4. **FULL NAME OF CHILD** Margaret Lonetta Bennett

5. **Date of Birth of Child**
(Month, day, year) Aug. 8. 1891

6 Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Bennett
11. Color _____ or Race English 12. Age at time of THIS birth 48 yrs.
13. Birthplace Apusta, Hancock Co. Ill
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Wiggill
17. Color _____ or Race English 18. Age at time of THIS birth 29 yrs.
19. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature Mary L. Talbot M.D. _____ Address 733 N. Garfield Pocatello Idaho Date Nov 16, 1946
State of _____ ss. **AFFIDAVIT**
County of _____

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____

(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1946 by John A. Wright, Registrar

DEC 4 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>BANNOCK</u> (b) City <u>POCATELLO</u> (c) Street Address or R.F.D. No. <u>WEST CENTER</u> (d) Name of Hospital or Maternity Home: <u>HOME</u> (e) Mothers stay BEFORE delivery: In THIS county <u>6</u> years <u>2</u> months <u>—</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>BANNOCK</u> (c) City <u>POCATELLO</u> (d) Street Address or R.F.D. No. <u>WEST CENTER</u> (e) How long has MOTHER lived in Idaho? <u>16</u> yrs.	
4. FULL NAME OF CHILD <u>MARY HANNA STANGER</u>		3. RESIDENCE OF FATHER (city, state) <u>POCATELLO IDAHO</u>	
6. Sex <u>FEMALE</u> 7. Twin or Triplet 8. If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>JAN. 7. 1891</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>YES.</u>	
FATHER OF CHILD 10. FULL NAME <u>JAMES STANGER</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth. <u>32</u> yrs. 13. Birthplace <u>SLATERVILLE UTAH</u> (City or town) (State or foreign country) 14. Exact Occupation <u>TRANSFER</u> 15. Industry or Business <u>BUISNESS</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>SARA RITCHIE STANGER</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth. <u>31</u> yrs. 19. Birthplace <u>SLATERVILLE UTAH</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSE WIFE.</u> 21. Industry or Business <u>—</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's _____ M.D. _____ Address _____ Date _____
OWN signature _____ Midwife _____

State of _____ } ss.
County of _____ }

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for Since Birth years, and that MRS. BATCHENBUR. M.W. (First name) (Last name), who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 18 day of Sept, 1946.

Signature

P. O. Address

(SEAL) _____, Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1946 by John W. Wright Registrar.

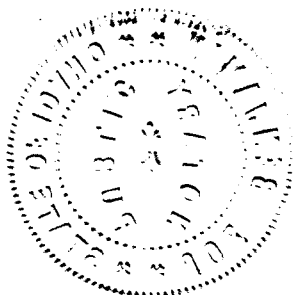
DEC 16 1946

DEC 13 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

25-9-214-244-346

427592

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Own home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 9 years 9 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? Midvale Ta

4. **FULL NAME OF CHILD** Lacretia Albreti Keithley
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) _____
5. Date of Birth of Child (Month, day, year) May 14 1891
8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Levi Keithley
11. Color or Race White 12. Age at time of THIS birth 50 yrs.
13. Birthplace St Charles County Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Effie Jane Towell
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Merces County Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

State of Idaho } ss. **AFFIDAVIT**
County of Washington }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 55 years, and that Griff Keithly (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Effie Jane Towell Keithley Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me this 12 day of December 1946
(SEAL) J. H. Goodrich Notary Public, residing at Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614 Idaho Code Annotated.)

Received for filing on DEC 20 1946 by John W. Wright Registrar

DEC 20 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

391 210001-625

430462

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. **430462**
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>12</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>Ethel Crane</u>		5. Date of Birth of Child (Month, day, year) <u>April 10, 1891</u>	
6. Sex <u>female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>George S Crane</u>	14. Exact Occupation <u>farmer</u>	16. FULL MAIDEN NAME <u>Alice Jane Obenchain</u>	20. Exact Occupation <u>house wife</u>
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>27</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>28</u> yrs.
13. Birthplace <u>Van Buren Co. Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Marshall Co. Kansas</u> (City or town) (State or foreign country)	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Ada }
I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears (Mother, etc.)
in Item 4, above, that I am now 73 years of age, that I have known this person for 56 years, and that Dr Geo Callister who attended this birth deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie Welton Signature

Subscribed and sworn to before me this 7 day of February 1947

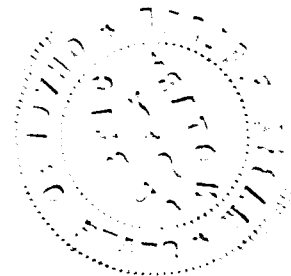
(SEAL) Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)
Received for filing on FEB 7 1947 by John H. Thurgood, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-215006-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **430541**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth): (a) County <u>Bingham</u> (b) City <u>Heerlin</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>own Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>10</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth): (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Heerlin</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>33</u> yrs.	
4. FULL NAME OF CHILD <u>Martha Jane White</u>		5. Date of Birth of Child (Month, day, year) <u>January 15, 1891</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>William Albert White</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Boulderful Utah Davis Co</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Rosella Davis</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Heeph Utah Juab Co</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho } **ss.**
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 55 years, and that Sally Lee (First name) (Last name) who attended this birth is now deceased (Is now deceased) (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Gordon Signature
Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 14th day of February, 1947

(SEAL) Decker Notary Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated. My comm. expires 3-29-49)

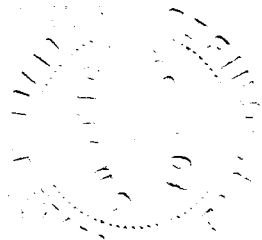
Received for filing on FEB 24 1947 by John W Wright Registrar

FEB 25 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

251 211 029, 751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. **430543**
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home 10 Mi S. Moscow Idaho</u> (e) Mothers stay BEFORE delivery: _____ In THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>14</u> yrs.	
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4. FULL NAME OF CHILD <u>Beva Lurinda Beals</u>		5. Date of Birth of Child (Month, day, year) <u>6/11/1891</u>	
6 Sex <u>Female</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>David Samuel Beals</u>	16. FULL MAIDEN NAME <u>Margaret Elizabeth Pea</u>	11. Color or Race <u>White</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>29</u> yrs.	18. Age at time of THIS birth <u>16</u> yrs.	13. Birthplace <u>20 Mi Kansas City, Kansas</u> (City or town) (State or foreign country)	19. Birthplace <u>15 Mi Louisville Kentucky</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>housewife</u>	15. Industry or Business <u>farming</u>	21. Industry or Business <u>farming</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>	23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>Yes</u>
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ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____

(Born alive, stillborn) (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____	M.D. Address _____	Date _____
Midwife _____		

State of Idaho County of Myer ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4 above, that I am now 78 years of age, that I have known this person for 56 years, and that Thomas Pea who attended this birth birth I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

NOTARY PUBLIC FOR IDAHO RESIDING AT LEWISTON THEREIN. MY COMMISSION EXPIRES SEPTEMBER 1, 1949

Subscribed and sworn to before me this 14th day of July 1947

(SEAL) Thomas J. Pea Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on FEB 24 1947 by John W. Wright Registrar

FEB 25 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.~~

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

413-223-009-443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **431952**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAHA (b) City Lenese
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: ON FARM
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAHA
(c) City Lenese
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

4. **FULL NAME OF CHILD** ELSIE DOROTHY MATSON

5. Date of Birth of Child OCT. 23rd 1891
(Month, day, year)

6 Sex ♀ 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** JOHN MATSON
11. Color or Race WHITE 12. Age at time of THIS birth 41 yrs.
13. Birthplace DENMARK
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** MARTINA MILLER
17. Color or Race WHITE 18. Age at time of THIS birth 20 yrs.
19. Birthplace WINNEBAGO COUNTY WISCONSIN
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Midwife _____

PROVINCE
State of BRITISH COLUMBIA } ss.
County of WESTMINSTER }

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears (Mother, etc.)

in Item 4, above, that I am now 75 years of age, that I have known this person for 55 years, and that FIRS. WILLIAM ROGERS, who attended this birth 13 N.W. DECEASED, I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Martina Harriott Signature
Langley Prairie, B. C. P. O. Address

Subscribed and sworn to before me this 17th day of February, 1947

(SEAL)

John W. Wright Notary Public, residing at Blondell B. C.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

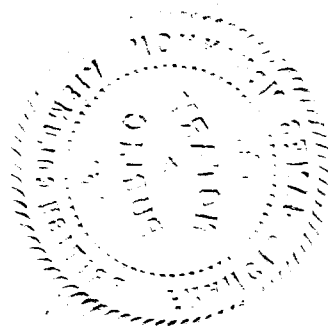
Received for filing on MAR 5 1947 by John W. Wright Registrar

MAR 7 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-230-022-292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **433370**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Teton</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Teton</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>65</u> yrs.	
4. FULL NAME OF CHILD <u>Dot Eileen Barnes</u>		5. Date of Birth of Child (Month, day, year) <u>Mar. 30-1891</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Hyrum James Barnes</u>		16. FULL MAIDEN NAME <u>Rose Annie Bishop</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>37</u> yrs.		18. Age at time of THIS birth <u>29</u> yrs.	
13. Birthplace <u>Salt Lake City - Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Cheltenham England</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Stone mason</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Valley }
I, the undersigned, being first duly sworn, say that I am the Mother (To be completed when the attendant does not sign in Item 25.)
(Mother, etc.) of the person whose name appears
in Item 4, above, that I am now 85 years of age, that I have known this person for 56 years, and that
Grand ma Graham (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Rose A. Barnes Signature
Cascade, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of March, 1947
(SEAL) _____, Notary Public, residing at Cascade, Ida
(Note: Perjury is punishable as a felony in Idaho see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1947 by John W Wright, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1947 512-213 028-239
United States (Be sure the information is as of date of birth of THIS child.)
Department of Commerce
Bureau of the Census
State File No. **434895**
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

<p>1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Rootenai</u> (b) City <u>Coeur d'Alene</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months <u>14</u> days</p> <p>4. FULL NAME OF CHILD <u>Pearl Belle Gasley</u></p> <p>6. Sex <u>female</u> 7. Twin or Triplet _____ If so—born _____ 1st, 2nd, 3rd _____</p> <p style="text-align: center;">FATHER OF CHILD</p> <p>10. FULL NAME <u>Mapson R. Gasley</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>44</u> yrs. 13. Birthplace <u>Tennessee</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____</p>	<p>2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State _____ (b) County _____ (c) City _____ (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.</p> <p>3. RESIDENCE OF FATHER (city, state) _____</p> <p>5. Date of Birth of Child (Month, day, year) <u>Mar, 13, 1891</u></p> <p>8. No. months of Pregnancy _____ 9. Legitimate? <u>yes</u></p> <p style="text-align: center;">MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Ann Kate Stites</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Pennsylvania</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____</p>
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22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Washington } ss. (To be completed when the attendant does not sign in Item 25.)
County of Spokane }

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for fifty-six years, and that Dr. Farrell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Marguerite H. McLaw Signature
E. 1717 Rowan, Spokane (14) Washington Address

Subscribed and sworn to before me this 14th day of April, 19 47
(SEAL) _____, Notary Public, residing at Spokane, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

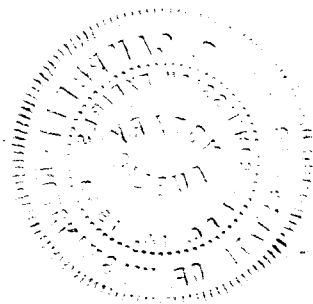
Received for filing on MAY 7 1947 by John W. Wright, Registrar

MAY 8 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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249 223029-697

436338

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Genesee</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>10</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Genesee</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>10 yrs</u>	
4. FULL NAME OF CHILD <u>DORA BELL BURR</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 23, 1891</u>	
6. Sex <u>FEMALE</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Charles F. Burr</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>34</u> yrs. 13. Birthplace <u>Momence, Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Insurance Agent.</u> 15. Industry or Business <u>for self</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary E. Wigg</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Elgin, Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>house wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Idaho } ss. **AFFIDAVIT**
County of Latah } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for since birth years, and that Dr. J. L. Comant who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12 day of May, 19 47.
(SEAL) _____, Notary Public, residing at Genesee, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAY 29 1947 by John W. Wright, Registrar

MAY 31 1917

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-214 044-468

436396

436396

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436396
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Washington (b) City Old Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 58 yrs.
(f) Mother's mailing address 519 Logan St.

3. RESIDENCE of FATHER (city, state) DeLand

4. FULL NAME OF CHILD Grace Eliza Webb

5. Date of Birth
(Month, day year) April 14-1891

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Edward Webb
11. Color or Race white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Lowell, Mass.
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Meyer
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Sidney, Ohio
(City or town) (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) JUN 16 1947 (b)
(Date received) (Registrar's signature)

25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature)

and address Date

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ida E. Webb, being first duly sworn, say that I am related to Grace Eliza Webb as Mother
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Clay, who attended

said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this day of June 1947

(SEAL)

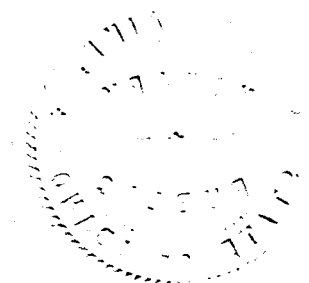
Signature
P. O. Address 519 Logan St., Boise, Idaho
Notary Public, residing at Boise, Idaho

JUN 16 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

354-24-044-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

437878

State File No. **437878**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Wash. (b) City Salubria
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at residence of parents.
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Salubria
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
3. **RESIDENCE OF FATHER** (city, state) Salubria, Ida
4. **FULL NAME OF CHILD** Escher Alberta Sedington
5. **Date of Birth of Child**
(Month, day, year) Sept. 14, 1891
6. **Sex** Female
7. **Twin or Triplet** _____ If so—born 1st, 2nd, 3rd
8. **No. months of Pregnancy** 9
9. **Legitimate?** yes
- FATHER OF CHILD**
10. **FULL NAME** Eliah Sedington
11. **Color or Race** white
12. **Age at time of THIS birth.** 59 yrs.
13. **Birthplace** Buchanan Co., Missouri
(City or town) (State or foreign country)
14. **Exact Occupation** Farmer + Blacksmith
15. **Industry or Business** farmer + Blacksmith
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Mary Ann Garrett
17. **Color or Race** white
18. **Age at time of THIS birth.** 42 yrs.
19. **Birthplace** Galien Springs, Missouri
(City or town) (State or foreign country)
20. **Exact Occupation** housewife
21. **Industry or Business** housewife
22. **Name prophylactic used to prevent Ophthalmia Neonatorum** _____
23. **Number of children of this mother:** (a) At time of birth and including this child 10 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)
25. **Attendant's OWN signature** _____ **M.D. Address** _____ **Date** _____
Midwife

State of Oregon
County of Klamath } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 52 years, and that Dr. Peter Elic Hunt, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)
ed under Chapter 139, 1937 Session Laws.

Luella Ross Signature
5072 Harlan Drive P. O. Address

Subscribed and sworn to before me this 28th day of July, 1947

(SEAL) _____, Notary Public, residing at Klamath Falls
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-924, Idaho Code Annotated.) Ore.

Received for filing on _____ by _____ Registrar

AUG 1 1947

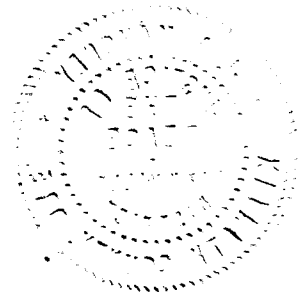
AUG 2 1947

DEC 7 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



295-115-035569

442176

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **442176**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Leland</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>Born at home</u> (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Leland</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>Cornelius King</u>		5. Date of Birth of Child (Month, day, year) <u>Mar 15, 1891</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>NO</u>	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>
9. Legitimate? <u>Yes</u>			
FATHER OF CHILD 10. FULL NAME <u>James Douglas King</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Pontiac Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Framer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Anna Louise Ewing</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>32</u> yrs. 19. Birthplace <u>Toledo Ohio</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Not Known</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Washington
County of Spokane } ss.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 55 years, and that Mollie Walker (First name) (Last name) who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Minnie G. Mitchell Signature
N. 6 117 Wall St., Spokane, Wash. Address

Subscribed and sworn to before me this 24th day of September, 1947

(SEAL)

J. A. Deaton Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 30 1947 by John W. Wright Registrar

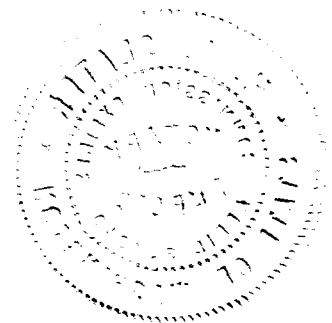
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 30 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 442250
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BEAR LAKE (b) City MONTPELIER
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BEAR LAKE
(c) City MONTPELIER
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

4. **FULL NAME OF CHILD** WALTER ESCHLER

5. **Date of Birth of Child** (Month, day, year) OCT. 24, 1891

6. Sex MALE 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** FRED ESCHLER
11. Color or Race WHITE 12. Age at time of THIS birth 24 yrs.
13. Birthplace BORN, SWITZERLAND
(City or town) (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** MINNIE SCHULTZ
17. Color or Race WHITE 18. Age at time of THIS birth 27 yrs.
19. Birthplace SALZWEDEL, GERMANY
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of IDAHO County of BONNEVILLE ss. **AFFIDAVIT**

I, the undersigned, being first duly sworn, say that I am the UNCLE of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 56 years, and that (NONE) who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15th day of October 1891
(SEAL) _____ Signature _____ P. O. Address _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public, residing at _____

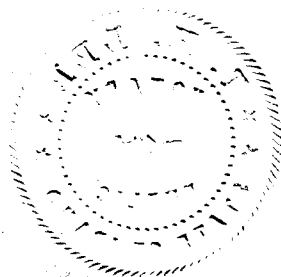
Received for filing on OCT 21 1947 by John W. Wright Registrar

OCT 21 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **445022**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **LATAH** (b) City **KENDRICK**
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: **at home**
(e) Mothers stay BEFORE delivery:
In THIS county **58** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **IDAHO** (b) County **LATAH**
(c) City **KENDRICK**
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? **58** yrs.

3. RESIDENCE OF FATHER (city, state) **IDAHO**

4. FULL NAME OF CHILD **ZELLA BIGHAM**

5. Date of Birth of Child (Month, day, year) **MAR. 24 1891**

6. Sex **Female** 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **SAMUEL BIGHAM**

11. Color or Race **White** 12. Age at time of THIS birth **53** yrs.

13. Birthplace **CANADA**
(City or town) (State or foreign country)

14. Exact Occupation **Farming**

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MOTHER NAME **CHRISTINA KUONI**

17. Color or Race **WHITE** 18. Age at time of THIS birth **29** yrs.

19. Birthplace **Switzerland**
(City or town) (State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of **IDAHO** ss. **AFFIDAVIT**
County of **LATAH**

I, the undersigned, being first duly sworn, say that I am the **MOTHER** (Mother, etc.) of the person whose name appears in Item 4, above, that I am now **84** years of age, that I have known this person for **always** years, and that **DR. PRICE** (First name) (Last name) who attended this birth **deceased** (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **15th** day of **DECEMBER** 19**47**
(SEAL) _____ Signature **Christina Bigham** P. O. Address **KENDRICK**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public, residing at **KENDRICK**

Received for filing on **DEC 17 1947** by **John W. Wright** Registrar

JAN 7 1957
DEC 7 1 1947

DEC 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

418-127-010-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0035
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County _____ (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County _____ (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>William Henry Dahlstrom</u>		5. Date of Birth of Child (Month, day, year) <u>October 27, 1891</u>	
6. Sex <u>male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Edward Dahlstrom</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace _____ (City or town) _____ (State or foreign country) <u>Sweden</u> 14. Exact Occupation <u>Laborer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sarah Thomas</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace _____ (City or town) _____ (State or foreign country) <u>Wales</u> 20. Exact Occupation <u>housewife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the _____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 56 years, and that _____, who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this _____ day of March, 1948.
(SEAL) _____ Notary Public, residing at Idaho Falls, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

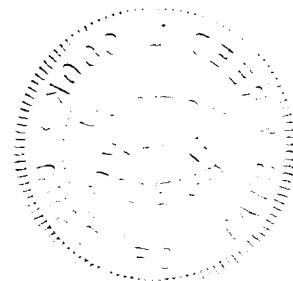
Received for filing on MAR 1 1948 by John W. Wright, Registrar

MAR 4 1945
FEB 24 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

381-213-029-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0077
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Heller Creek</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Ida</u> (b) County <u>Latah</u> (c) City <u>Heller Creek</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Edith Maud Chambers</u>		5. Date of Birth of Child (Month, day, year) <u>13 of Dec 1947</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Robert James Chambers</u>	14. Exact Occupation <u>Harness Maker</u>	16. FULL MAIDEN NAME <u>Elizabeth White</u>	20. Exact Occupation <u>house wife</u>
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>33</u> yrs.	17. Color or Race <u>white</u>	21. Industry or Business <u>house wife</u>
13. Birthplace <u>Blue Earth Co. Minnesota</u> (City or town) (State or foreign country)		18. Age at time of THIS birth <u>29</u> yrs.	
15. Industry or Business <u>Harness Maker</u>		19. Birthplace <u>New York City New York</u> (City or town) (State or foreign country)	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature Deceased **M.D. Address** _____ **Date** _____
Midwife _____

State of Washington ss. **AFFIDAVIT**
County of Cowlitz

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4. above, that I am now 63 years of age, that I have known this person for 63 years, and that Deceased (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9th day of Mar 1948
(SEAL) Edith Chambers Notary Public, residing at Longview Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 12, 1948 by John H. Wright Registrar

MAR 13 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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815-105-029-417

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0128
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 68 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick Idaho

4. **FULL NAME OF CHILD** Andrew Hansen JR. 5. Date of Birth of Child (Month, day, year) Feb. 5th. 1891

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Andrew Hansen</u>	16. FULL MAIDEN NAME <u>Susan Amanda Maxwell</u>	11. Color <u>White</u>	17. Color <u>White</u>
12. Age at time of THIS birth <u>41</u> yrs.	18. Age at time of THIS birth <u>27</u> yrs.	13. Birthplace <u>Sioux City Iowa</u> (City or town) (State or foreign country)	19. Birthplace <u>Humansville Missouri</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>House Wife</u>	15. Industry or Business <u>Farming</u>	21. Industry or Business <u>Same</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Address.....Date.....
Midwife

AFFIDAVIT

State of.....ss. (To be completed when the attendant does not sign in Item 25.)
County of.....
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 84 years of age, that I have known this person for 57 years, and that
Dr. Rothwell, who attended this birth Deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Susan A Hansen Signature
Aberdeen Idaho P. O. Address

Subscribed and sworn to before me this 23 day of March, 1948
(SEAL) Edwin M. Orr Notary Public, residing at Aberdeen Id
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 26, 1948 by John H. Wright Jr, Registrar

MAR 27 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-124-022-284

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0159
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>FREEMONT</u> (b) City <u>TETON</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>FREEMONT</u> (c) City <u>TETON</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>PETER-SYME-ROBERTSON</u>		5. Date of Birth of Child (Month, day, year) <u>JULY 24-1891</u>	
6 Sex <u>MALE</u>	7. Twin or Triplet _____ If so—born _____ 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>YES</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>PETER-ROBERTSON</u>		16. FULL MAIDEN NAME <u>ELIZA SNOW SYME</u>	
11. Color or Race <u>WHITE</u>		17. Color or Race <u>WHITE</u>	
12. Age at time of THIS birth <u>31</u> yrs.		18. Age at time of THIS birth <u>27</u> yrs.	
13. Birthplace <u>GARTHEURE SCOTLAND</u> (City or town) (State or foreign country)		19. Birthplace <u>HAYWOOD, LANARK, SCOTLAND</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>FARMER</u>		20. Exact Occupation <u>HOUSEWIFE</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____			
23. Number of children of this mother: (a) At time of birth and including this child, <u>4</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Wyoming } ss. **AFFIDAVIT**
County of Sweetwater }

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 57 years, and that not known who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24th day of March 1948
(SEAL) S. J. Phelps, Notary Public, residing at Rock Springs, Wyo.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code Annotated.)
Received for filing on APR 6 1948 by John W. Wright, Registrar

APR 7 1948

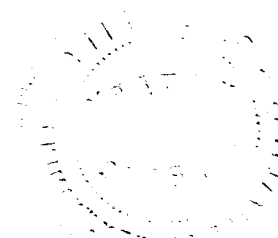
MAY 14 1948

FILE # FROM 159 TO DE48-0159 12/6/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

367-205-014-791

730

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0230
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ora Mary Cox

5. Date of Birth of Child
(Month, day, year) 7-5-91

6. Sex Female **7. Twin or Triplet** **8. No. months of Pregnancy** 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Henry Cox
11. Color or Race White **12. Age at time of THIS birth** 44 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fanny Gray
17. Color or Race White **18. Age at time of THIS birth** 30 yrs.
19. Birthplace Newport Tennessee
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho }
County of Canyon } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 56 years, and that Dr. Lee (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Gray Cox Signature
820 South 5th, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of April, 1948

(SEAL)

Lucas R. Kretz Notary Public, residing at Caldwell, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1948 by John W. Wright, Registrar

APR 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

315-224-029-133

United States (Be sure the information is as of date of birth of THIS child) State File No. DE48-0340
Department of Commerce
Bureau of the Census MAY 24 1948 CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City LINDEN
(c) Street Address or R.F.D. No. RURAL
(d) Name of Hospital or Maternity Home Mt. HOME
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City RURAL LINDEN Post Office
(d) Street Address or R.F.D. No. RURAL
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) LINDEN IDA.

4. FULL NAME OF CHILD PEARL ARLENE LANGDON 5. Date of Birth of Child (Month, day, year) Oct 24 1891

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME JAMES LANGDON 11. Color or Race CAUCASIAN 12. Age at time of THIS birth 30 yrs.
13. Birthplace BOURBON KANSAS (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

16. FULL MAIDEN NAME MINNIE ELIZA ALLEN 17. Color or Race CAUCASIAN 18. Age at time of THIS birth 28 yrs.
19. Birthplace ALTON ILLINOIS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do Not Know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of CALIFORNIA } ss. County of LOS ANGELES }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother, of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for _____ years, and that DR. HERBERT, who attended this birth, DECEASED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Vmminie Eliza Langdon
Los Angeles Calif - 1919 Colby AVE P. O. Address

Subscribed and sworn to before me this 20th day of _____ 1948
(SEAL) _____ ROTARY PUBLIC in and for _____ My Commission Expires April 29, 1949
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1948 by John W Wright Registrar.

MAY 27 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

444-109-007-816

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0422
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

4. **FULL NAME OF CHILD** Isaac William Dudley

3. **RESIDENCE OF FATHER** (city, state) Soldier Idaho
5. Date of Birth of Child (Month, day, year) June 9, 1891

6 Sex Male 7. Twin or Triplet 1st of 3 If so—born 1st of 3

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Barney Dudley
11. Color or Race White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Hawkins
17. Color or Race white 18. Age at time of THIS birth 38 yrs.
19. Birthplace Arkansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Washington
County of Walla Walla ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 57 years, and that Betty Dudley who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)

ed under Chapter 139, 1937 Session Laws.

Mrs Rose Sims Signature
Rte #2 Walla Walla, Washington P. O. Address

Subscribed and sworn to before me this 4th day of June, 1948

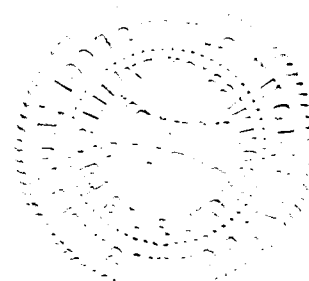
(SEAL) John C. Hunsford Notary Public, residing at Walla Walla
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) Washington

Received for filing on JUN 21 1948 by John W Wright Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

862 - 210-019-168

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE48-0577**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH *Custer*
(a) County *Canyon* (b) City *Challis*
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: *at home*
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State *Idaho* (b) County *Custer*
(c) City *Challis*
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

4. FULL NAME OF CHILD *Naomi Christina Hosford*
6. Sex *Female* 7. Twin or Triplet _____ If so born 1st, 2nd, 3rd _____

3. RESIDENCE OF FATHER (city, state) _____
5. Date of Birth (Month, day year) *12/10/1891*
8. No. months of Pregnancy _____ 9. Legitimate? _____

FATHER OF CHILD
10. FULL NAME *Hosford George*
11. Color or Race _____ 12. Age at time of THIS birth *38* yrs.
13. Birthplace *Park City, Iowa* (City or town) (State or foreign country)
14. Exact Occupation *Sheriff of Custer Co.*
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME *Larson Charlotte Johanna*
17. Color or Race _____ 18. Age at time of THIS birth *28* yrs.
19. Birthplace *Stockholm Sweden* (City or town) (State or foreign country)
20. Exact Occupation *House wife*
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child *2* (b) Born alive and now living *one*
(c) Born alive and now dead *none* (d) Stillborn *none*

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) *Aug. 11, 1948* (date received) (b) *John W. Wright* (Mother's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of *Idaho* } ss.
County of *Canyon* }
I, *Mrs. Grace Hosford Stinson*, being first duly sworn, say that I am *related to* _____ (Related to (or) acquainted with)
Naomi Christina Hosford Tunison as *Aunt* _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *Christine Calvin* _____, who attended said birth *is now deceased* _____ and that this birth has not been previously recorded. (Name of attendant at birth)
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this *23rd* day of *April*, 19*48*
(SEAL) *Butt Ellington* Notary Public, residing at *Caldwell, Idaho*
Signature _____
P. O. Address *Boise Idaho 4821 Benton*

MAY 22 1952

FILE # FROM 577 TO DE48-0577 12/26/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

355-128-001-418

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0609

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Friends Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years <u>2</u> months <u>2</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Sweet</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>John Joseph Leehan</u>		5. Date of Birth of Child (Month, day, year) <u>Oct 28-1891</u>	
6 Sex <u>male</u>	7. Twin or Triplet If so—born <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy	9. Legitimate?
FATHER OF CHILD 10. FULL NAME <u>Patrick Leehan</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Bantry Ireland</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farm owner</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Mahoney</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>36</u> yrs. 19. Birthplace <u>Bantry Ireland</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature **M.D. Address** **Date**
 Midwife

State of Idaho } ss.
 County of Ada

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 67 years of age, that I have known this person for 56 years, and that who attended this birth. I further (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 19 day of August

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1948 by John W. Wright Registrar

AUG 19 1948

FILE # FROM 609 TO DE48-0609 12/27/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

NOV 6 1948

DEPARTMENT OF VITAL

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0904
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City MOSCOW
(c) Street Address or R.F.D. No. 3 miles in country
(d) Name of Hospital or Maternity Home: born in home
(e) Mothers stay **BEFORE** delivery:
In THIS county 6 years -- months -- days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Latah
(c) City MOSCOW
(d) Street Address or R.F.D. No. 3 miles in country
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** Noah Archibald Mc Clintic
5. Date of Birth of Child
(Month, day, year) Mar. 24, 1891

- 6 Sex male 7. Twin or Triplet 1st, 2nd, 3rd If so—born
8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|------------------------------------|--|
| 10. FULL NAME <u>Jasper Clayton McClintic</u> | 16. FULL MAIDEN NAME <u>Lola Wood</u> | 17. Color or Race <u>white</u> | 18. Age at time of THIS birth <u>25</u> yrs. |
| 13. Birthplace <u>Marengo Washington</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Eugene Oregon</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Farmer</u> | 21. Exact Occupation <u>Housewife</u> |
| 15. Industry or Business | | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

- State of Washington } ss. **AFFIDAVIT**
County of Spokane }

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for _____ years, and that Dr. Henry B. Blake, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- x Lola Hull Signature
Opportunity, Washington P. O. Address

- Subscribed and sworn to before me this 21st day of September, 19 48

- (SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

- Received for filing on Nov 8, 1948 by John W. Wright Registrar

NOV 8 1946

FILE # FROM 904 TO DE48-0904 1/17/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-201 RECEIVED
United States NOV 1 1948
Department of Commerce
Bureau of the Census
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

State File No. DE48-0936
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Idaho
4. FULL NAME OF CHILD Margaret Emma Smith
5. Date of Birth of Child (Month, day, year) July 1, 1891
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Joseph Elster Smith
11. Color or Race white 12. Age at time of THIS birth 39 yrs.
13. Birthplace Glaucoster, England
(City or town) (State or foreign country)
14. Exact Occupation Branch Mgr of J. C. M. Co.
15. Industry or Business Dept Store

MOTHER OF CHILD
16. FULL MAIDEN NAME Annies Iva Mathews
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Providence, Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Utah } ss. (To be completed when the attendant does not sign in Item 25.)
County of Cache }
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 57 years, and that a Midwife in Idaho Falls, Idaho, who attended this birth 13 Now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Signature Elaine Smith Hansen P. O. Address Providence, Utah
Subscribed and sworn to before me this 31 day of October 1948
(SEAL) Sheldon M. Hansen Notary Public, residing at Providence, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Conv. ap. 12/30/1949
Received for filing on November 17, 1948 by John W. Wright Registrar

NOV 18 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

769-114 RECEIVED
032-449 NOV 24 1948
United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0955
Department of Commerce DIVISION OF VITAL STATISTICS CERTIFICATE OF BIRTH
Bureau of the Census STATE OF IDAHO Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LINCOLN (b) City SHOSHONE
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: NONE
(e) Mothers stay BEFORE delivery:
In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LINCOLN
(c) City SHOSHONE
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) SHOSHONE, IDA.

4. FULL NAME OF CHILD WALTER WALLACE GWIN
5. Date of Birth of Child (Month, day, year) MAY 14 1891
6 Sex MALE 7. Twin or Triplet If so—born 8. No. months of Pregnancy 9 9. Legitimate? YES
1st, 2nd, 3rd

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME WILLIAM L. GWIN. 16. FULL MAIDEN NAME MARIE JANE DUFFEE
11. Color or Race WHITE 12. Age at time of THIS birth 34 yrs. 17. Color or Race WHITE 18. Age at time of THIS birth 24 yrs.
13. Birthplace MERCED, CALIFORNIA 19. Birthplace PROVO, Utah
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation CATTLEMAN. 20. Exact Occupation HOUSEWIFE.
15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature _____ Midwife _____

State of OREGON } ss. (To be completed when the attendant does not sign in Item 25.)
County of DESCHUTES }
I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears (Mother, etc.)

in Item 4, above, that I am now 67 years of age, that I have known this person for 57 years, and that who attended this birth _____ I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature S. Ray Gwin ✓
Address Redmond, Ore.

Subscribed and sworn to before me this 18 day of November, 1948
(SEAL) Barrett W. Smith Notary Public, residing at Redmond, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 24. 1948 by W. W. P. Registrar

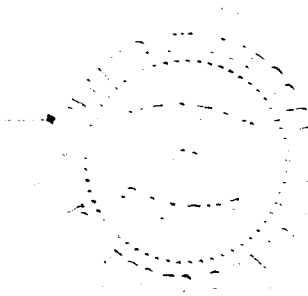
NOV 24 1948

JUL 22 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-114-002-796

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0991

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City Bear Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: 15 years
In **THIS** county 15 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Bear (Post office)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
3. **RESIDENCE OF FATHER** (city, state) Bear Idaho
5. Date of Birth of Child (Month, day, year) Oct. 14 1891
4. **FULL NAME OF CHILD** Austin Tracy Robertson
- 6 Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Arthur Vincent Robertson
11. Color or Race white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Vermont Canada
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Rose Ann Groseelose
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Boulder County Colorado
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business
22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho
County of Washington } ss.

AFFIDAVIT

- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 57 years, and that Mrs. Amy Smith who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
- (First name) (Last name)
(Is now deceased) or (Cannot be located)

Rose Roberts Signature
Midvale Idaho P. O. Address
19 48

Subscribed and sworn to before me this 7th day of October
(SEAL) J. H. Gooding Notary Public, residing at Midvale Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code (annotated).)

Received for filing on December 6, 1948 by W. H. Benson, Registrar

DEC 6 1948

FILE # FROM 991 TO DE48-0991 1/24/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

316-224-079-455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1080

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County IDAHO (b) City CUSTER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: RANCH
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County CUSTER
(c) City RANCH - NEAR DARLINGTON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? SIX yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO
4. **FULL NAME OF CHILD** MAUDE-LUSINA LA FEYER
5. Date of Birth of Child OCT. 24 - 1891
(Month, day, year)
6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8th 8. No. months of Pregnancy 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** CHARLES LA FEYER
11. Color or Race WHITE 12. Age at time of THIS birth 48 yrs.
13. Birthplace CANADA - MONTREAL
(City or town) (State or foreign country)
14. Exact Occupation FARMER - CATTLEMAN
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** TALITHA C DENNIS
17. Color or Race WHITE 18. Age at time of THIS birth 37 yrs.
19. Birthplace IOWA U.S.A.
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of California County of Santa Clara ss.
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the cousin of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 75 years of age, that I have known this person for 57 years, and that
MRS. HARRIS who attended this birth DECEASED
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 4th day of December, 1948
(SEAL) E. J. Jerechano Notary Public, residing at Sunnyvale, Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 17, 1949 by W. W. Benson Registrar.

JAN 17 1949

FILE # FROM 1080 TO DE49-1080 2/1/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-324-029-214

RECEIVED

JAN 17 1937

United States
Department of Commerce
Bureau of the Census

Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1087

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth) (a) County <u>Latah</u> (b) City <u>Genesee</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>Born on farm</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Genesee</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>8</u> yrs.	
4. FULL NAME OF CHILD <u>Emma Martha Manderfeld</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 24, 1891</u>	
6 Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
10. FULL NAME <u>Hubert H. Manderfeld</u>		16. FULL MAIDEN NAME <u>Clara Baumgartner</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>26</u> yrs.		18. Age at time of THIS birth <u>21</u> yrs.	
13. Birthplace <u>New Ulm, Minnesota U.S.A.</u> (City or town) (State or foreign country)		19. Birthplace <u>New Ulm, Minnesota U.S.A.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Latah }

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 57 years, and that Mrs. Teresa Kambitsch (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matt Baumgartner Signature
Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of December, 19 48.
(SEAL) [Signature] Notary Public, residing at Genesee, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by _____, Registrar

JAN 17 1949

FILE # FROM 1087 TO DE49-1087 2/4/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

238-203-004-565

RECEIVED

United States
Department of Commerce
Bureau of the Census
FEB 15 1949
OF VITAL
STATE OF IDAHO

State File No. DE49-1166
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Paris</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years <u>1</u> months <u>1</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Paris</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
4. FULL NAME OF CHILD <u>Freda H. Schmid</u>		3. RESIDENCE OF FATHER (city, state) <u>Paris, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Oct. 3, 1891</u>	
6 Sex <u>Female</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>
9. Legitimate? <u>yes</u>			
10. FATHER OF CHILD FULL NAME <u>Charles Schmid</u> Color or Race <u>White</u> Age at time of THIS birth <u>27</u> yrs. Birthplace <u>Freienstein, Switzerland</u> (City or town) (State or foreign country) Exact Occupation <u>Tailor</u> Industry or Business		16. MOTHER OF CHILD FULL MAIDEN NAME <u>Eliza Von Allman</u> Color or Race <u>white</u> Age at time of THIS birth <u>22</u> yrs. Birthplace <u>Dientigen Ct Bern, Switzerland</u> (City or town) (State or foreign country) Exact Occupation <u>Housewife</u> Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

AFFIDAVIT

State of Idaho } ss.
County of Bear Lake }
I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 57 years, and that Emmaline Rich who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Robert Schmid Signature
Bern Idaho P. O. Address

Subscribed and sworn to before me this 11th day of February, 1949.

(SEAL) Albert E. Deenath Notary Public, residing at Montpelier, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 1-914, Idaho Code Annotated.)

Received for filing on Feb 15, 1949 by W. W. Benson, Registrar

FEB 15 1949

FILE # FROM 1166 TO DE49-1166 2/8/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

842-117-009-597

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1178

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Granite
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none at home
(e) Mothers stay **BEFORE** delivery: none days
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Granite
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
3. **RESIDENCE OF FATHER** (city, state) Granite, Ida

4. **FULL NAME OF CHILD** XXXXXXXX Henry Harvey Huskey
5. Date of Birth of Child (Month, day, year) Aug 17, 1891

6 Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd none 8. No. months of Pregnancy 9mos 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Huskey
11. Color White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Austria, Hungary
(City or town) (State or foreign country)
14. Exact Occupation logger
15. Industry or Business logging in the woods

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Nightengale
17. Color white 18. Age at time of THIS birth 16 yrs.
19. Birthplace Pensilvania USA
(City or town) (State or foreign country)
20. Exact Occupation none
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Washington } ss.
County of Whitman }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the AKA of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 66 years of age, that I have known this person for 57 years, and that
Fanny Nightingale who attended this birth is now deceased. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Katharine Brown Signature
Granite P. O. Address

Subscribed and sworn to before me this 16 day of February, 1949

(SEAL)

Notary Public, Notary Public, residing at Palouse, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 27-914, Idaho Code Annotated.)

Received for filing on Feb. 19, 1949 by W. J. Brown Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

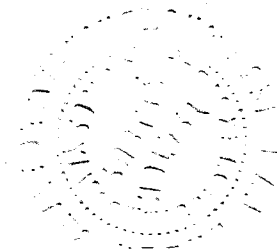
MAR 27 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Bonner



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-207-028-296

RECEIVED

MAR 7 1949

United States
Department of Commerce
Bureau of the Census

BEFORE the information is as of date of birth of THIS child.)
VITAL CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1227
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County..... (b) City <u>Don Drille</u> (c) Street Address or R.F.D. No. <u>7</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county years <u>1</u> months <u>1</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State..... (b) County..... (c) City..... (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?..... yrs.	
4. FULL NAME OF CHILD <u>Edith Esther McKivor</u>		5. Date of Birth of Child (Month, day, year) <u>Sept. 7 1891</u>	
6 Sex <u>Female</u>		7. Twin or Triplet If so—born 1st, 2nd, 3rd	
8. No. months of Pregnancy		9. Legitimate? <u>Yes</u>	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Edward McKivor</u>	16. FULL MAIDEN NAME <u>Esther Jane Brown</u>		
11. Color <u>White</u>	17. Color <u>White</u>	12. Age at time of THIS birth <u>46</u> yrs.	18. Age at time of THIS birth <u>29</u> yrs.
13. Birthplace <u>Peterborough Canada</u> (City or town) (State or foreign country)	19. Birthplace <u>Plymouth England</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Contractor</u>	20. Exact Occupation <u>House wife</u>		
15. Industry or Business <u>Construction R.R.</u>	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature..... M.D. Address..... Date.....
Midwife

State of California } ss.
County of Los Angeles

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for 58 years, and that William Edward McKivor who attended this birth is deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record—
(First name) (Last name) (Is now deceased) or (Cannot be located)
ed under Chapter 139, 1937 Session Laws.

Ellen G. Carver Signature:
817 F 15th St Santa Monica, Calif. Address:

MY COMMISSION EXPIRES SEPT. 19, 1952
Subscribed and sworn to before me this 7th day of January, 19 49
(SEAL) Edmund Benson, Notary Public, residing at Santa Monica
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Calif.

Received for filing on March 8, 1949 by W W Benson, Registrar

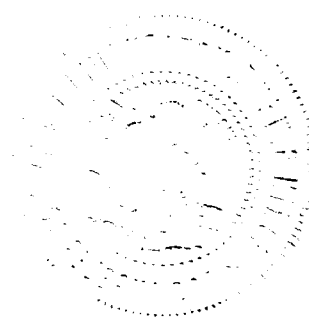
JUL 7 1967

MAR 8 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

669-208-006-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1295
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at farm home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u></u> months <u></u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>5</u> yrs. 3. RESIDENCE OF FATHER (city, state) <u>Blackfoot, Ida.</u> 5. Date of Birth of Child (Month, day, year) <u>July 8, 1891</u>	
4. FULL NAME OF CHILD <u>Zada Belle Worden</u>		6. Sex <u>Female</u> 7. Twin or Triplet <u></u> If so—born 1st, 2nd, 3rd <u></u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>George Amos Worden</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>35</u> yrs. 13. Birthplace <u>Provo, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Janet Farrell</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Farming</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**
State of Idaho County of } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 51 years, and that , who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x G. B. Worden Signature
P. O. Address

Subscribed and sworn to before me this 18 day of July, 1942.
(SEAL) Lawrence J. Jensen Notary Public, residing at Blackfoot, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 29, 1949 by W. W. Benson Registrar.

MAR 29 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

559-202-029-955
RECEIVED

United States **APR 7 1949** (Be sure the information is as of date of birth of THIS child.) State File No. **DE49-1321**
Department of Commerce **OFFICE OF VITAL CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census **STATE OF IDAHO** Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Genessee** (b) City **Genessee**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **Private Home at home of Mary Reed in Genessee, Idaho**
(e) Mothers stay BEFORE delivery: In THIS county **1** years **2** months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County
(c) City **12 miles from Genessee, Idaho**
(d) Street Address or R.F.D. No. **not mail in town**
(e) How long has MOTHER lived in Idaho? **73** yrs.

3. **RESIDENCE OF FATHER** (city, state) **Deceased**

4. **FULL NAME OF CHILD** **Edna Etta Evins**
5. Date of Birth of Child (Month, day, year) **Oct 2 - 1891**
6 Sex **Female** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD
10. **FULL NAME** **Henry David Evins**
11. Color or Race **White** 12. Age at time of THIS birth **23** yrs.
13. Birthplace **(not known) Kansas**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **Julia Alice Reed**
17. Color or Race **white** 18. Age at time of THIS birth **21** yrs.
19. Birthplace **Dade County, Missouri**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of **Idaho** } ss. **AFFIDAVIT**
County of **Washington** (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears
(Mother, etc.)

in Item 4, above, that I am now **77** years of age, that I have known this person for **58** years, and that
Don't remember name of Doctor who attended this birth..... I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Alice Evins Hard Signature
P. O. Address

Subscribed and sworn to before me this **5** day of **April**, 19**49**
(SEAL) **Don't know**, Notary Public, residing at **Idaho**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **April 7, 1949** by **W W Benson**, Registrar

APR 7 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-116-007-255

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1409

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Blaine</u> (b) City <u>Soldier</u>		(a) State <u>Idaho</u> (b) County <u>Blaine</u>	
(c) Street Address or R.F.D. No.		(c) City <u>Soldier</u>	
(d) Name of Hospital or Maternity Home: <u>At Farm Home</u>		(d) Street Address or R.F.D. No.	
(e) Mothers stay BEFORE delivery: In THIS county <u> </u> years <u> </u> months <u> </u> days		(e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>William Lyman Phillips</u>		5. Date of Birth of Child (Month, day, year) <u>Nov 16 1891</u>	
6 Sex <u>Male</u>	7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd <u> </u>	8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Burton Robert Phillips</u>		16. FULL MAIDEN NAME <u>Sarah Severe</u>	
11. Color <u>White</u> 12. Age at time of THIS birth <u>29</u> yrs.		17. Color <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs.	
13. Birthplace <u>Arkansaw</u> (City or town) (State or foreign country)		19. Birthplace <u>Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farmer</u>		21. Industry or Business <u>Farming</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u> </u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Gooding }
I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 57 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 1st day of April, 1949

(SEAL)

Notary Public, residing at Gooding IdahoReceived for filing on May 6, 1949 by W W Benson, Registrar

MAY 6 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-130-0295666

RECEIVED

MAY 9 1949

United States (Be sure the information is as of date of birth of THIS child.)
 Department of Commerce
 Bureau of the Census
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1419
 Local Reg. No.
 Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Latah (b) City Vollmer (Troy)
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
born in own home
 (e) Mothers stay **BEFORE** delivery:
 In **THIS** county 10 years - months - days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County Latah
 (c) City Vollmer (Troy)
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Vollmer (Troy) Ida.

4. **FULL NAME OF CHILD** Herbert Morse Hamlin Jr.
 5. Date of Birth of Child
 (Month, day, year) Nov. 30, 1891

6 Sex male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy 9- 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Herbert Morse Hamlin</u>	16. FULL MAIDEN NAME <u>Annie Wood</u>	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>20</u> yrs.
11. Birthplace <u>(?) Michigan</u> (City or town) (State or foreign country)	19. Birthplace <u>Eugene Oregon</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Owned and operated a bar</u>	21. Exact Occupation <u>Housewife</u>
12. Age at time of THIS birth <u>30</u> yrs.		22. Name prophylactic used to prevent Ophthalmia Neonatorum	
13. Exact Occupation <u>Owned and operated a bar</u>		23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>2</u>	
14. Industry or Business			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
 Midwife

State of Washington } ss. **AFFIDAVIT**
 County of Spokane } (To be completed when the attendant does not sign in Item 25.)
 I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears

in Item 4, above, that I am now 75 years of age, that I have known this person for 58 years, and that Dr. Henry Blake who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lola Hull Signature
Opportunity, Washington Address

Subscribed and sworn to before me this 5 day of May, 1949
 (SEAL) _____, Notary Public, residing at Spokane
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 9, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1949
APR 07 2015

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-213-0216-816

RECEIVED

United States
Department of Commerce
Bureau of the Census

MAY 20 1949
OFFICE OF VITAL
STATISTICS

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1471
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County. <u>Coe</u> (b) City. <u>Boise</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State. <u>Idaho</u> (b) County. <u>Coe</u> (c) City. <u>Boise</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>Marinda Thornton</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 13 - 1929</u>	
6. Sex <u>female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Thornton</u>		16. FULL MAIDEN NAME <u>Charlotte Lawkins</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>19</u> yrs.		18. Age at time of THIS birth <u>20</u> yrs.	
13. Birthplace. <u>Bradford England</u> (City or town) (State for foreign country)		19. Birthplace. <u>Boise Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's OWN signature M.D. Address Date
Midwife

State of WYOMING
County of BIGHORN ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the COUSIN of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 67 years of age, that I have known this person for 57 years, and that
JULIA ANN HENDERSON, who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16 day of MAY 1949

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

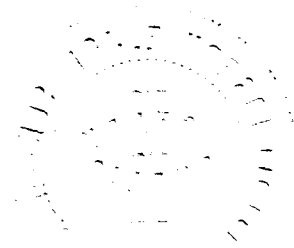
Received for filing on May 20, 1949 by Joseph E. Johnson, Registrar

MAY 20 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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791-117-001
United States **249**
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE49-1994**
Local Reg. No. _____
Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>Unknown</u> (d) Name of Hospital or Maternity Home: <u>Born at residence</u> (e) Mothers stay BEFORE delivery: In THIS county <u>One</u> years - months - days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>Unknown</u> (e) How long has MOTHER lived in <u>Idaho</u> ? <u>One</u> yrs.	
4. FULL NAME OF CHILD <u>Boise Floyd Grant</u>		5. Date of Birth of Child <u>June 17, 1941</u> (Month, day, year)	
6. Sex <u>Male</u> 7. Twin or Triplet <u>-</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Robert Franklin Grant</u> 11. Color or Race <u>American</u> 12. Age at time of THIS birth <u>36</u> yrs. 13. Birthplace <u>New Lexington Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Carpenter</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sella May Burton</u> 17. Color or Race <u>American</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Bloomfield Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's _____ M.D. _____ Address _____ Date _____
OWN signature _____ Midwife _____

State of Nebraska } ss.
County of Douglas }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister _____ of the person whose name appears in Item 4, (Mother, etc.) above, that I am now 67 years of age, that I have known this person since his birth years, and that the person or persons _____, who attended this birth can not be located I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith M. Headley Signature
1141 So 29th St, Omaha Neb P.O. Address

Subscribed and sworn to before me this 22nd day of October, 1941

(SEAL) [Signature] Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 1, 1949 by W W Benson Registrar.

NOV 1 1949

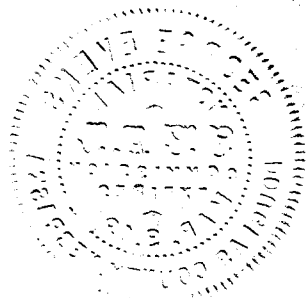
JUL 15 1966

FILE # FROM 1994 TO DE49-1994 12/3/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



165-103-045-255

RECEIVED

NOV 2 1949

United States
Department of Commerce
Bureau of the Census

DIVISION OF VITALS

Provide the information as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2058

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Alturas (b) City Antelope Creek
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: Stock Ranch
 (e) Mothers stay **BEFORE** delivery:
 In **THIS** county 6 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County Alturas
 (c) City Stock Ranch on Antelope Creek
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 29 yrs.
3. **RESIDENCE OF FATHER** (city, state) Antelope Creek

4. **FULL NAME OF CHILD** James Arthur Jones
5. Date of Birth of Child
 (Month, day, year) November 3, 1891

- 6 Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wiley Jones
 11. Color white 12. Age at time of THIS birth 49 yrs.
 13. Birthplace Landcaster, Missouri.
 (City or town) (State or foreign country)
 14. Exact Occupation Rancher
 15. Industry or Business Farmer & Livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Helen Beetham
 17. Color white 18. Age at time of THIS birth 29 yrs.
 19. Birthplace Sanduskey, Ohio.
 (City or town) (State or foreign country)
 20. Exact Occupation housewife
 21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at..... M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Sarah H. Jones
 (First name) (Last name)
 who is related as Mother
 (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
 Midwife

State of Idaho
 County of Butte } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
 (Mother, etc.)

in Item 4, above, that I am now 87 years of age, that I have known this person for all his life years, and that
Mrs. Richardson who attended this birth now deceased I further
 (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah H. Jones Signature
Mackay, Idaho. P. O. Address

Subscribed and sworn to before me this 17th day of November, 1949

(SEAL)

Notary Public, residing at Arco, Idaho.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... by....., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 22 1922

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

217-125-004-724

RECEIVED

DEC 21 1949

United States
Department of Commerce
Bureau of the Census

DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2142
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Montpelier</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>born at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>4</u> years <u>9</u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Montpelier</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>4 3/4</u> yrs.	
4. FULL NAME OF CHILD <u>William Lester Bagley</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 25, 1891</u>	
6 Sex <u>M</u>	7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Bagley</u>		16. FULL MAIDEN NAME <u>Eliza Jane Godfrey</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>28</u> yrs.		18. Age at time of THIS birth <u>19</u> yrs.	
13. Birthplace <u>Nottingham, England</u> (City or town) (State or foreign country)		19. Birthplace <u>Glasgow, Scotland</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>rancher</u>		20. Exact Occupation <u>none</u>	
15. Industry or Business <u>ranching</u>		21. Industry or Business <u>none</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's _____ **M.D.** _____ **Address** _____ **Date** _____
OWN signature _____ **Midwife** _____

AFFIDAVIT

State of Wyoming } ss. (To be completed when the attendant does not sign in Item 25.)
County of Laramie }
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 77 years, and that Elizabeth Bridges, midwife who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission expires May 7, 1951

Eliza Jane Bagley Signature
411 W. 4th Ave. Cheyenne, Wyoming P. O. Address

Subscribed and sworn to before me this 19th day of December, 1949.

(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on December 21, 1949 by W. W. Benson, Registrar

DEC 21 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED
 DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. DE50-0004
 Local Reg. No.
 Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Thomas Charles Wasley			2. Date of Birth April 8 1891		
	3. Color or Race white	4. Sex Male	5. Place of Birth a. County Bingham	b. City or Town of Birth Blackfoot		
FATHER	6. Full Name of Father Thomas Wasley			7. State or Country of Father's Birth Plymouth, England		
MOTHER	8. Full Maiden Name of Mother Katherine Eva			9. State or Country of Mother's Birth Plymouth, England		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant Thomas Charles Wasley		11. Present Address of Registrant 134-8th St. Idaho Falls, Ida
NOTARY (Seal)	Subscribed and sworn to before me on January 14th 19 50			12. Signature of Notary Elizabeth J. Orr		13. Notary Commission expires March 6th 19 52

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document Baptismal Record		By whom issued and signed H. H. Hertzog, Minister Methodist-Episcopal Church		Date Issued 1-4-1950
	Date of Birth April 8, 1891	Birth Place Blackfoot	Full Name of Mother Katherine Wasley		Date Orig. Entry Nov. 29, 1896
Class* B					Name of Father Thomas Wasley.
SUPPORTING RECORD 2-	Type of Document School Record		By whom issued and signed Mary Farris, Secretary Blackfoot High School		Date Issued 11-30-1949
	Date of Birth 4-8-1891	Birth Place Blackfoot	Full Name of Mother Katherine Wasley		Date Orig. Entry 9-1-1903
Class B.					Name of Father Thomas Wasley
SUPPORTING RECORD 3-	Type of Document Marine Discharge Papers		By whom issued and signed Col. Geo. VanOrden U.S. Marine Corp.		Date Issued 8-11-1919
	Date of Birth 4-8-1891	Birth Place Blackfoot	Full Name of Mother Katherine Wasley		Date Orig. Entry of enlistment 7-1-1918
Class B					Name of Father Thomas Wasley

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W W Benson	Evidence reviewed by Lenora M. Fadden	Date Filed 1-16-1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF ILLINOIS

50-41 MAY 1953



March 25

March 25

March 25

Thomas Wesley

Thomas Wesley

Thomas Wesley

Thomas Wesley

Thomas Wesley

Thomas Wesley

Thomas Wesley

Thomas Wesley

Thomas Wesley

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 50-56
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Jay Robert Harbour</u>				2. Date of Birth <u>August 28, 1891</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Latah</u>	b. City or Town of Birth <u>Moscow (Rural)</u>	
FATHER	6. Full Name of Father <u>Marion Smith Harbour</u>				7. State or Country of Father's Birth <u>Iowa</u>	
MOTHER	8. Full Maiden Name of Mother <u>Mary Elizabeth Bell</u>				9. State or Country of Mother's Birth <u>Iowa</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Jay Robert Harbour</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 24, 1950</u>				11. Present Address of Registrant <u>Calif. 123 Acacia Ave., Monrovia,</u>	
					12. Signature of Notary <u>J. S. Bailey</u>	
					13. Notary Commission expires <u>October 9, 1950.</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Application for Account No. U. S. Social Security Act</u>		By whom issued and signed <u>U. S. Social Security Board</u>	Date issued <u>2/4/37</u>	Date Orig. Entry <u>2/4/37</u>
	Date of Birth <u>8/28/1891</u>	Birth Place <u>Moscow, Idaho</u>	Full Name of Mother <u>Mary E. Bell</u>	Name of Father <u>Marion Harbour</u>	
SUPPORTING RECORD 2.	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>C. S. Lindberg</u>	Date issued <u>10-1-35</u>	Date Orig. Entry <u>10-1-35</u>
	Date of Birth <u>8/28/1891</u>	Birth Place <u>Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>Birth Certificate of Child</u>		By whom issued and signed <u>S. A. Marsden, M. D.</u>	Date issued <u>6/16/44</u>	Date Orig. Entry <u>4/16/22</u>
	Date of Birth <u>Age on 4/16/44</u>	Birth Place <u>Idaho</u>	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by

Date Filed

W W Benson

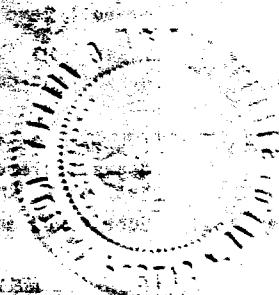
Handa Evans

MAR 28 1950

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

CHARGE TO STATE

MAR 28 1950



Investigation of subject's activities in the past year or so.

On 12/19/50, the subject was interviewed and advised of his rights.

The subject was interviewed on 12/19/50 and advised of his rights.

The subject was interviewed on 12/19/50 and advised of his rights.

The subject was interviewed on 12/19/50 and advised of his rights.

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The subject was interviewed on 12/19/50 and advised of his rights.

The subject was interviewed on 12/19/50 and advised of his rights.

RECEIVED



818-206-029-284

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De50-151

Local Reg. No. _____

Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Maud Hazel Hayden</u>				2. Date (month) (day) (year) Of Birth <u>August 6 1891</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Cora</u>	a. County <u>Latah</u>	b. City or Town of Birth <u>Cora, Idaho</u>	
FATHER	6. Full Name of Father <u>George Washington, Hayden</u>				7. State or Country of Father's Birth <u>State of Oregon</u>	
MOTHER	8. Full Maiden Name of Mother <u>Jennie Simpson</u>				9. State or Country of Mother's Birth <u>State of Pennsylvania</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Maud Hazel Martin</u>	11. Present Address of Registrant <u>403 North Main, Colfax, Wm</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>June 24 1950</u>				12. Signature of Notary <u>Clyde E. Lacey</u> Commissioner	13. Notary Commission expires <u>at pleasure of the</u> <u>Superior Court. 7-12</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Bible Record</u>		By whom issued and signed <u>Family Bible viewed by</u> <u>S. R. Clegg, Notary</u>	Date issued <u>June 9-50</u>	Date Orig. Entry <u>Aug. 6, 1891</u>
	Date of Birth <u>Aug. 6, 1891</u>	Birth Place	Full Name of Mother	Name of Father	
Class* <u>A</u>					
SUPPORTING RECORD 2-	Type of Document <u>Registration of Voters</u>		By whom issued and signed <u>City Clerk, Colfax, Wash</u>	Date issued <u>May 31, 1950</u>	Date Orig. Entry <u>Aug. 7, 1930</u>
	Date of Birth <u>39 yrs old at that time</u>	Birth Place	Full Name of Mother	Name of Father	
Class <u>B</u>					
SUPPORTING RECORD 3-	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Neighbors of Woodcraft</u>	Date issued <u>Oct. 12, 1936</u>	Date Orig. Entry <u>Same</u>
	Date of Birth <u>45 yrs old at that time</u>	Birth Place	Full Name of Mother	Name of Father	
Class <u>B</u>					

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

Mabel E. Lacey

Date Filed

June 28, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

JUN 28 1960



168-112-29-666 DELAYED CERTIFICATION OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. DE51-0416
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Clarence Elmer Johnston				2. Date (month) (day) (year) 8 12 1891			
	3. Color or Race White	4. Sex M	5. Place of Birth Latah		a. County b. City or Town of Birth Vollmer, now Troy			
FATHER	6. Full Name of Father John David Johnston				7. State or Country of Father's Birth St. Clair County, Missouri			
MOTHER	8. Full Maiden Name of Mother Volumnia Ellen Woody				9. State or Country of Mother's Birth Lucas County, Iowa			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Clarence Elmer Johnston</i>		11. Present Address of Registrant Hayden Lake, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on <i>December 22</i> 19 <i>50</i>				12. Signature of Notary <i>M. S. Hawkins</i>		13. Notary Commission expires 9/11/ 19 <i>54</i> .	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document Bible Record		By whom issued and signed Bible viewed by Wm. S. Hawkins		Date issued Aug. 31, 1950-8-12-1891
	Date of Birth Aug. 12, 1891	Birth Place Vollmer, Ida.	Full Name of Mother Volumnia Ellen Woody		Name of Father John David Johnston
			Affidavit submitted		
SUPPORTING RECORD 2-	Type of Document History of North Idaho		By whom issued and signed Viewed by Wm. S. Hawkins		Date issued 1903
	Date of Birth 8-12-1891	Birth Place Vollmer, Idaho	Full Name of Mother		Name of Father
			Affidavit submitted		
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>Mabel E. Edger</i>	Date Filed 1-3-1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

JAN 4 1951

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De51-534
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Mary Dee Criner</u>			2. Date (month) (day) (year) Of Birth <u>May</u> <u>27</u> <u>1891</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth a. County <u>Pocatello, Barnock</u>	b. City or Town of Birth <u>Pocatello, Idaho</u>		
FATHER	6. Full Name of Father <u>Alvin M. Criner</u>			7. State or Country of Father's Birth <u>Pennsylvania</u>		
MOTHER	8. Full Maiden Name of Mother <u>Mary Elizabeth Betterley</u>			9. State or Country of Mother's Birth <u>New York</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Mary Sailor</u>		11. Present Address of Registrant <u>1706 Racke Drive</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>Feb 19, 1951</u>			12. Signature of Notary <u>Mabel Keeler</u>		13. Notary Commission expires <u>May 7, 1953</u>

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Child's Birth Certificate</u>		By whom issued and signed <u>John Bouk, M. D.</u>		Date issued <u>1-10-24</u>	Date Orig. Entry <u>1-10-24</u>
	Date of Birth <u>32 Yrs.</u>	Birth Place <u>Pocatello, Idaho</u>	Full Name of Mother <u>Mary Elizabeth Betterley</u>		Name of Father <u>Alvin M. Criner</u>	
SUPPORTING RECORD 2-	Type of Document <u>Boise Junior College Transcript</u>		By whom issued and signed <u>Librarian</u>		Date issued <u>2-16-51</u>	Date Orig. Entry <u>June 9, 1947</u>
	Date of Birth <u>May 27, 1891</u>	Birth Place	Full Name of Mother <u>Mary Elizabeth Betterley</u>		Name of Father <u>Alvin M. Criner</u>	
SUPPORTING RECORD 3-	Type of Document <u>Teacher's Retirement System</u>		By whom issued and signed <u>H. F. Willmorth</u>		Date issued <u>2-17-51</u>	Date Orig. Entry <u>3-18-46</u>
	Date of Birth <u>5-27-1891</u>	Birth Place <u>Pocatello</u>	Full Name of Mother <u>Mary Elizabeth Betterley</u>		Name of Father <u>Alvin M. Criner</u>	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <u>W W Benson</u>	Evidence reviewed by <u>Carol Bennett</u>	Date Filed <u>2-19-51</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DELETED CERTIFICATE OF BIRTH
STATE OF TEXAS

MAY 23 1950

FEB 20 1951

JAN 12 1954

MAR 5 1963

RECEIVED

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 1-609
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Delia Albrethsen</u>				2. Date (month) (day) (year) Of Birth <u>May 24 1891</u>		
	3. Color or Race <u>White</u>	4. Sex <u>F</u>	5. Place of Birth a. County <u>Blaine</u>		b. City or Town of Birth <u>Picabo</u>		
FATHER	6. Full Name of Father <u>Martin Albrethsen</u>				7. State or Country of Father's Birth <u>Fredericksborg, Denmark</u>		
MOTHER	8. Full Maiden Name of Mother <u>Caroline Pedersen</u>				9. State or Country of Mother's Birth <u>Verdo, Denmark</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Delia Calhoun</u>		11. Present Address of Registrant <u>Glenns Ferry, Ida.</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 12 1951</u>		12. Signature of Notary <u>Mary H. Hefner</u>		13. Notary Commission expires <u>May 7, 1953</u>		

APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document <u>Family Record</u>		By whom issued and signed <u>Mother and Father</u>		Date issued <u>1891</u>	Date Orig. Entry <u>1891</u>
	Date of Birth <u>5-24-1891</u>	Birth Place <u>Picabo, Idaho</u>	Full Name of Mother <u>Caroline Pedersen</u>		Name of Father <u>Martin Albrethsen</u>	
	Class* <u>A</u>					
SUPPORTING RECORD 2.	Type of Document <u>Life Insurance Policy</u>		By whom issued and signed <u>United Benefit Life</u>		Date issued <u>1-26-44</u>	Date Orig. Entry <u>1-26-44</u>
	Date of Birth <u>5-24-1891</u>	Birth Place <u>Picabo, Idaho</u>	Full Name of Mother <u>Caroline Pedersen</u>		Name of Father <u>Martin Albrethsen</u>	
	Class <u>B</u>					
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
	Class _____					

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Carol Bennett</u>	Date Filed <u>3-12-51</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

CONCLUSIONS

THE UNIVERSITY OF CHICAGO

MAR 12 1951

Page 2 of 2

SECRET

Journal of Management Studies, 19(6), 701-718.

2018年1月

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De51-678
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Robert Leo Rallison</u>				2. Date (month) (day) (year) Of Birth <u>July 10th</u> <u>1891</u>			
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Oneida</u>	b. City or Town of Birth <u>Fairview</u>			
FATHER	6. Full Name of Father <u>Joshua Rallison</u>				7. State or Country of Father's Birth <u>Norfolk, England</u>			
MOTHER	8. Full Maiden Name of Mother <u>Margaretta Hull</u>				9. State or Country of Mother's Birth <u>Idaho</u>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Robert Leo Rallison</u>		11. Present Address of Registrant <u>Logan, Utah</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 27 1951</u>				12. Signature of Notary <u>[Signature]</u>		13. Notary Commission expires <u>Dec 4 1952</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Church Record</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued	Date Orig. Entry <u>Aug. 6, 1899</u>
	Date of Birth <u>July 10, 1891</u>	Birth Place <u>Fairview, Ida.</u>	Full Name of Mother <u>Margaretta Hull</u>		Name of Father <u>Joshua Rallison</u>	
Class* <u>A</u>						
SUPPORTING RECORD 2-	Type of Document <u>Affidavit by nurse</u>		By whom issued and signed <u>Ruth Fuller</u>		Date issued <u>3-21-51</u>	Date Orig. Entry
	Date of Birth <u>July 10, 1891</u>	Birth Place <u>Fairview, Idaho</u>	Full Name of Mother		Name of Father	
Class <u>A</u>						
SUPPORTING RECORD 3-	Type of Document <u>Affidavit</u>		By whom issued and signed <u>Margretta H. Rallison, mother</u>		Date issued	Date Orig. Entry <u>7-10-81</u>
	Date of Birth <u>July 10, 1891</u>	Birth Place <u>Fairview, Ida.</u>	Full Name of Mother		Name of Father	
Class <u>B</u>						

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>[Signature]</u>	Date Filed <u>Apr. 2, 1951</u>
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*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

APR 3 1951

REGISTRATION

1. Name of child
2. Sex
3. Date of birth
4. Place of birth
5. Name of father
6. Name of mother

7. State of County of Father's birth

8. State of County of Mother's birth

9. Name of Registrar of Registrars

10. Signature of Registrar

11. Name of child

12. Date of birth

13. Name of father

14. Name of mother

15. Date of birth

16. Name of father

17. Name of mother

18. Date of birth

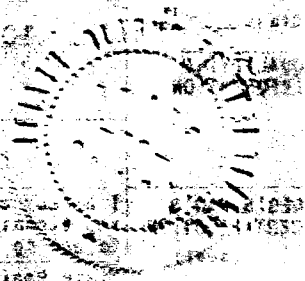
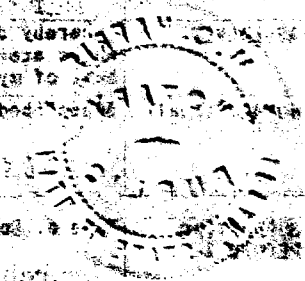
19. Name of father

20. Name of mother

21. Date of birth

22. Name of father

23. Name of mother



DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De51-755
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Orah Embly Ratcliff (twin of Zorah Emly Ratcliff)			2. Date (month) (day) (year) Of Birth March 15 1891		
	3. Color or Race White	4. Sex male	5. Place of Birth a. County Boise		b. City or Town of Birth Roseberry	
FATHER	6. Full Name of Father Moses Ratcliff			7. State or Country of Father's Birth Ohio		
MOTHER	8. Full Maiden Name of Mother Polena Eugene Lankford			9. State or Country of Mother's Birth Missouri		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Orah Embly Ratcliff</i>		11. Present Address of Registrant Route 1, Lind, Washington
NOTARY (Seal)	Subscribed and sworn to before me on 2nd day of April 1951			12. Signature of Notary <i>John N. Mohr</i>		13. Notary Commission expires August 1, 1953 19

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Bible Record		By whom issued and signed Affidavit by John N. Mohr, notary who viewed the Bible		Date Issued March 15, 1891
	Date of Birth 3-15-1891	Birth Place Roseberry, Idaho	Full Name of Mother		Name of Father
Class* <u>A</u>					
SUPPORTING RECORD 2.	Type of Document Army Discharge		By whom issued and signed U. S. Army		Date issued Feb. 3, 1919
	Date of Birth March 15, 1891, Idaho	Birth Place	Full Name of Mother		Name of Father
Class <u>B</u>					
SUPPORTING RECORD 3.	Type of Document Affidavit		By whom issued and signed Elmer Ratcliff		Date issued Apr. 2, 1951
	Date of Birth March 15, 1891, Idaho	Birth Place Roseberry	Full Name of Mother		Name of Father
Class <u>B</u>					

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>Mark E. Eder</i>	Date Filed Apr. 23, 1951

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10-10-2001 BY 60322 UCBAW

APR 24 1951

RECEIVED

EX-100

APR 24 1951

RECEIVED

EX-100

APR 24 1951

RECEIVED

EX-100

APR 24 1951

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De51-756
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Zorah Emly Ratcliff (twin of Orah Embly Ratcliff)</u>			2. Date of Birth Month <u>March</u> Day <u>15</u> Year <u>1891</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth a. County <u>Boise</u> b. City or Town of Birth <u>Roseberry</u>			
FATHER	6. Full Name of Father <u>Moses Ratcliff</u>			7. State or Country of Father's Birth <u>Ohio</u>		
MOTHER	8. Full Maiden Name of Mother <u>Polena Eugene Lankford</u>			9. State or Country of Mother's Birth <u>Missouri</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Zorah Emly Ratcliff</i>		11. Present Address of Registrant <u>Mrs. Roy Kelso</u> <u>Route 1, Lind, Washington</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>April 2</u> 19 <u>51</u>			12. Signature of Notary <i>John T. Mohr</i>		13. Notary Commission expires <u>Aug. 1</u> 19 <u>53</u>

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Bible Record</u>		By whom issued and signed <u>Family Bible</u>	Date issued <u>Apr. 2, 1951</u>	Date Orig. Entry
	Date of Birth <u>March 15, 1891,</u>	Birth Place <u>Roseberry, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document <u>Affidavit</u>		By whom issued and signed <u>Elmer Ratcliff, brother</u>	Date issued <u>Apr. 2, 1951</u>	Date Orig. Entry
	Date of Birth <u>March 15, 1891,</u>	Birth Place <u>Roseberry, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>Marriage Affidavit</u>		By whom issued and signed <u>County Auditor, Adams County, Idaho</u>	Date issued	Date Orig. Entry <u>6-11-1917</u>
	Date of Birth <u>March 15, 1891,</u>	Birth Place <u>26 yrs old</u>	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <i>Mabel E. Eder</i>	Date Filed <u>Apr. 23, 1951</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DEPARTMENT OF JUSTICE
BUREAU OF INVESTIGATION
WASHINGTON, D. C.

APR 24 1951



TO : SAC, NEW YORK
FROM : SAC, NEW YORK
SUBJECT: [Illegible]
RE: [Illegible]
[Illegible text continues in several lines, mostly obscured by noise and bleed-through.]

[Illegible text continues in several lines, mostly obscured by noise and bleed-through.]

[The bottom half of the document contains several paragraphs of text that are almost entirely illegible due to extreme noise, heavy bleed-through from the reverse side, and poor scan quality. Some fragments of words like "subject", "information", and "report" are visible.]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home 3 miles from town</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
4. FULL NAME OF CHILD <u>Ulrica Marguerite Bennett</u>		5. Date of Birth of Child (Month, day, year) <u>May 30, 1891</u>	
6 Sex <u>female</u>	7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Archibald Bennett</u>		16. FULL MAIDEN NAME <u>Cora May Shannon</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>21</u> yrs.		18. Age at time of THIS birth <u>21</u> yrs.	
13. Birthplace <u>Chico, Butte Co. California</u> (City or town) (State or foreign country)		19. Birthplace <u>Chico, Butte Co. California</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>farmer and stockraiser</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature	M.D. Address Midwife	Date
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State of California } ss.
County of Butte }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 59 years, and that Dr. Behle, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Archibald Bennett Signature
R 4 Box 455, Chico Calif. P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1951.
(SEAL) W. M. Starnes Notary Public, residing at Chico Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MAY 1 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-931
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Fredrick Barrett				2. Date of Birth Month: March, Day: 26, Year: 1891		
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County: Bannock b. City or Town of Birth: Pocatello				
FATHER	6. Full Name of Father Edward Barrett				7. State or Country of Father's Birth England		
MOTHER	8. Full Maiden Name of Mother Alice Marsh				9. State or Country of Mother's Birth England		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Fred Barrett</i>		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on <i>June 7</i> 19 <i>51</i>				12. Signature of Notary <i>Carl L. Bennett</i>		13. Notary Commission expires <i>April 20</i> 19 <i>54</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1- Class* <u>B</u>	Type of Document Metropolitan Life Insurance		By whom issued and signed Metropolitan Life Ins. Co.		Date Issued July 1, 1926	Date Orig. Entry July 1, 1926
	Date of Birth 3-26-1891	Birth Place Pocatello, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2- Class <u>A</u>	Type of Document Bible Record		By whom issued and signed		Date Issued	Date Orig. Entry March 26, 1891
	Date of Birth March 26, 1891	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3- Class <u>B</u>	Type of Document Certificate of birth		By whom issued and signed 38697, Claremonde Barrett		Date issued filed 4-28	Date Orig. Entry 1916
	Date of Birth 25 yrs old	Birth Place at that time	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar W. W. Benson	Evidence reviewed by <i>Mabel Freden</i>	Date Filed June 11, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.



494-102-004-523
DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-977
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Hubert Clemon Dimick			2. Date of Birth (month) (day) (year) June 2nd 1891		
	3. Color or Race white	4. Sex M	5. Place of Birth a. County Idaho Bear Lake	b. City or Town of Birth Wardboro (Preston)		
FATHER	6. Full Name of Father Thomas Jefferson Dimick			7. State or Country of Father's Birth Mill Creek Utah		
MOTHER	8. Full Maiden Name of Mother Louisa Eschler			9. State or Country of Mother's Birth Switzerland		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Hubert C. Dimick</i>		11. Present Address of Registrant Montpelier, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on June 12th, 1951			12. Signature of Notary <i>Ruth Aland</i>		13. Notary Commission expires 19

SUPPORTING RECORD 1.					
Type of Document Record of mid-wife		By whom issued and signed Jane Sparks		Date issued	Date Orig. Entry 6-2-1891
Date of Birth June 2, 1891	Birth Place Preston, Idaho	Full Name of Mother		Name of Father	
Class <u>A</u>					
SUPPORTING RECORD 2.					
Type of Document Certificate of Baptism		By whom issued and signed L. D. S. Church		Date issued 7-9-1899	Date Orig. Entry
Date of Birth June 2, 1891	Birth Place Preston, Idaho	Full Name of Mother		Name of Father	
Class <u>B</u>					
SUPPORTING RECORD 3.					
Type of Document Church Record		By whom issued and signed L. D. S. Church		Date issued 1-16-1951	Date Orig. Entry
Date of Birth June 2, 1891	Birth Place Preston, Idaho	Full Name of Mother		Name of Father	
Class <u>B</u>					

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar W. W. Benson	Evidence reviewed by <i>W. W. Benson</i>	Date Filed June 18, 1951
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* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

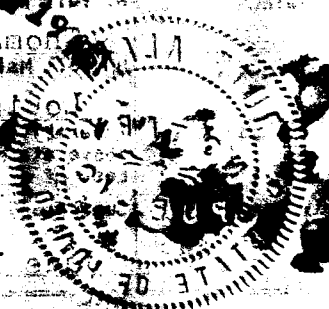
DECEASED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
JUL 1 1961
FBI - BUTTE

Birth Date: June 2nd 1881
Birth Place: Sandborn (Preston)
Sex: Male
Color of Hair: Brown
Color of Eyes: Blue
Color of Skin: Fair
Height: 5' 10"
Weight: 175 lbs
Build: Medium
Occupation: Farmer
Education: High School
Religion: Catholic
Marital Status: Single
Place of Birth: Switzerland

Birth Date: June 2nd 1881
Birth Place: Sandborn (Preston)
Sex: Male
Color of Hair: Brown
Color of Eyes: Blue
Color of Skin: Fair
Height: 5' 10"
Weight: 175 lbs
Build: Medium
Occupation: Farmer
Education: High School
Religion: Catholic
Marital Status: Single
Place of Birth: Switzerland

Birth Date: June 2nd 1881
Birth Place: Sandborn (Preston)
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Color of Hair: Brown
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Religion: Catholic
Marital Status: Single
Place of Birth: Switzerland



Birth Date: June 2nd 1881
Birth Place: Sandborn (Preston)
Sex: Male
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Color of Eyes: Blue
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Weight: 175 lbs
Build: Medium
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Place of Birth: Switzerland

Birth Date: June 2nd 1881
Birth Place: Sandborn (Preston)
Sex: Male
Color of Hair: Brown
Color of Eyes: Blue
Color of Skin: Fair
Height: 5' 10"
Weight: 175 lbs
Build: Medium
Occupation: Farmer
Education: High School
Religion: Catholic
Marital Status: Single
Place of Birth: Switzerland

Birth Date: June 2nd 1881
Birth Place: Sandborn (Preston)
Sex: Male
Color of Hair: Brown
Color of Eyes: Blue
Color of Skin: Fair
Height: 5' 10"
Weight: 175 lbs
Build: Medium
Occupation: Farmer
Education: High School
Religion: Catholic
Marital Status: Single
Place of Birth: Switzerland

Birth Date: June 2nd 1881
Birth Place: Sandborn (Preston)
Sex: Male
Color of Hair: Brown
Color of Eyes: Blue
Color of Skin: Fair
Height: 5' 10"
Weight: 175 lbs
Build: Medium
Occupation: Farmer
Education: High School
Religion: Catholic
Marital Status: Single
Place of Birth: Switzerland

RECEIVED DELAYED CERTIFICATE OF BIRTH
JUL 6 1951
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

State File No. De51-1028
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Cora Augusta Schweizer</u>				2. Date (month) (day) (year) Of Birth <u>March 25 1891</u>		
	3. Color or Race <u>white</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Rocky Bar Elmore Co. Idaho</u>		6. City or Town of Birth <u>Rocky Bar Idaho</u>		
FATHER	6. Full Name of Father <u>Gustave Adolph Schweizer</u>				7. State or Country of Father's Birth <u>Detroit Michigan</u>		
MOTHER	8. Full Maiden Name of Mother <u>Margaret Walrack</u>				9. State or Country of Mother's Birth <u>Yellowstone Wisconsin</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Cora Augusta Glascock</u>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>July 5 1951</u>				11. Present Address of Registrant <u>290 N. W. 4th St. Ontario Ore.</u>		
	12. Signature of Notary <u>W. W. Benson</u>				13. Notary Commission expires <u>Jan 24 1954</u>		

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>Census Record</u>		By whom issued and signed <u>Department of Commerce</u>		Date issued <u>1900</u>
	Date of Birth <u>9 years old</u>	Birth Place <u>Idaho</u>	Full Name of Mother		Date Orig. Entry <u>1900</u>
Class* <u>B</u>			Name of Father		
SUPPORTING RECORD 2.	Type of Document <u>Census Record</u>		By whom issued and signed <u>Department of Commerce</u>		Date issued <u>1910</u>
	Date of Birth <u>19 years old</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Margaret Schweizer</u>		Date Orig. Entry <u>1910</u>
Class <u>B</u>			Name of Father <u>Gustave A. Schweizer</u>		
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Date Orig. Entry
Class _____			Name of Father		

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Margaret K. Edson</u>	Date Filed <u>July 6, 1951</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DEPARTMENT OF STATE

UNITED STATES OF AMERICA

9



893-124-039-495

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. De51-1080

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)(a) County Power (b) City Rockland

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

Idaho(e) Mothers stay **BEFORE** delivery:In **THIS** county 6 years months days**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)(a) State Idaho (b) County Power(c) City Rockland

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 6 yrs.**4. FULL NAME OF CHILD** LeGrande David Hillhouse5. Date of Birth of Child
(Month, day, year) Nov. 24, 18916 Sex Male7. Twin or
TripletIf so—born
1st, 2nd, 3rd8. No. months
of Pregnancy 99. Legitimate? Yes**FATHER OF CHILD**10. **FULL NAME** David Hood11. Color or Race White 12. Age at time of THIS birth 43 yrs.13. Birthplace Scotland
(City or town) (State or foreign country)14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD16. **FULL MAIDEN NAME** Elizabeth Ure17. Color or Race White 18. Age at time of THIS birth 35 yrs.19. Birthplace Woodscross, Utah
(City or town) (State or foreign country)20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by

(First name)

(Last name)

who is related as

(Mother, etc.)

25. Attendant's
OWN signatureM.D. Address
Midwife

Date

State of IdahoCounty of Ada

ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears

(Mother, etc.)

in Item 4, above, that I am now 71 years of age, that I have known this person for 60 years, and thatwho attended this birth is now Deceased I further

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this July day of July 1951

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Mary H Allen Signature
303 No. 2nd Street, Boise, Ida. R. O. AddressReceived for filing on July 24, 1951 by W. W. Benson, Registrar

JUL 23 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

RECEIVED DELAYED CERTIFICATE OF BIRTH
JUL 28 1951
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

State File No. De51-1102
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Teresa Louise Shaff</u>		2. Date (month) (day) (year) Of Birth <u>April 10 1891</u>	
	3. Color or Race: <u>White</u>	4. Sex: <u>Female</u>	5. Place of Birth <u>Lewiston</u>	6. City or Town of Birth <u>Idaho</u>
FATHER	6. Full Name of Father <u>Charles Whiting Shaff</u>		7. State or Country of Father's Birth <u>California</u>	
MOTHER	8. Full Maiden Name of Mother <u>Serena Poe Shaff</u>		9. State or Country of Mother's Birth <u>Texas</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <u>Louise S. Carter</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>26 July 1951</u>		11. Present Address of Registrant <u>Moscow Idaho</u>	
			12. Signature of Notary <u>[Signature]</u>	
			13. Notary Commission expires <u>20 September 1953</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Affidavit Philip Weisnerber, County Clerk & Recorder</u>		By whom issued and signed	Date issued <u>7-25-51</u>	Date Orig. Entry
	Date of Birth <u>Apr. 10, 1891,</u>	Birth Place <u>Lewiston, Idaho</u>	Full Name of Mother	Name of Father <u>Dr. C. W. Shaff</u>	
SUPPORTING RECORD 2-	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Equitable Life Assurance Co.</u>	Date issued <u>7-12-51</u>	Date Orig. Entry <u>Oct. 30, 1922</u>
	Date of Birth <u>Apr. 10, 1891,</u>	Birth Place <u>Lewiston, Idaho</u>	Full Name of Mother	Name of Father <u>C. W. Shaff</u>	
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

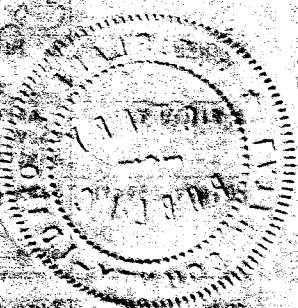
REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W. W. Benson</u>	Evidence reviewed by	Date Filed <u>7-30-51</u>
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* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1900



1. Name of child	2. Sex	3. Date of birth	4. Place of birth	5. Name of mother	6. Name of father	7. Name of guardian	8. Name of physician	9. Name of nurse	10. Name of midwife	11. Name of doctor	12. Name of hospital	13. Name of clinic	14. Name of dispensary	15. Name of school	16. Name of church	17. Name of synagogue	18. Name of mosque	19. Name of temple	20. Name of other place of worship

21. Name of child	22. Sex	23. Date of birth	24. Place of birth	25. Name of mother	26. Name of father	27. Name of guardian	28. Name of physician	29. Name of nurse	30. Name of midwife	31. Name of doctor	32. Name of hospital	33. Name of clinic	34. Name of dispensary	35. Name of school	36. Name of church	37. Name of synagogue	38. Name of mosque	39. Name of temple	40. Name of other place of worship

41. Name of child	42. Sex	43. Date of birth	44. Place of birth	45. Name of mother	46. Name of father	47. Name of guardian	48. Name of physician	49. Name of nurse	50. Name of midwife	51. Name of doctor	52. Name of hospital	53. Name of clinic	54. Name of dispensary	55. Name of school	56. Name of church	57. Name of synagogue	58. Name of mosque	59. Name of temple	60. Name of other place of worship



DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De51-22025
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Sylvia Alice Ruth Clark</u>				2. Date (month) (day) (year) Of Birth <u>August 21 1891</u>		
	3. Color or Race <u>White</u>	4. Sex <u>female</u>	5. Place of Birth <u>Granite, Ida.</u>	a. County <u>Kootenai</u>	b. City or Town of Birth <u>Granite, Idaho.</u>		
FATHER	6. Full Name of Father <u>Archie Joel Clark</u>				7. State or Country of Father's Birth <u>Harrisburg Oregon</u>		
MOTHER	8. Full Maiden Name of Mother <u>Laura Ann Saar.</u>				9. State or Country of Mother's Birth <u>Seven Mile, Oregon.</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Sylvia A.R. English</u>		11. Present Address of Registrant <u>Creston, Wash.</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>May - 28 1951</u>				12. Signature of Notary <u>[Signature]</u>		13. Notary Commission expires <u>10 - 10 1952</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Affidavit</u>		By whom issued and signed <u>Stella May Noble, sister</u>	Date issued <u>May 28, 1951</u>	Date Orig. Entry
	Date of Birth <u>Aug. 21, 1891</u>	Birth Place <u>Granite, Idaho</u>	Full Name of Mother	Name of Father	
Class* <u>B</u>					
SUPPORTING RECORD 2.	Type of Document <u>Census record</u>		By whom issued and signed <u>Bureau of the Census</u>	Date issued	Date Orig. Entry <u>1900 census</u>
	Date of Birth <u>8 yrs old</u>	Birth Place <u>Idaho</u>	Full Name of Mother	Name of Father	
Class <u>B</u>					
SUPPORTING RECORD 3.	Type of Document <u>Bible Record</u>		By whom issued and signed <u>Family Bible</u>	Date issued	Date Orig. Entry <u>8-21-1891</u>
	Date of Birth <u>8 - 21-1891</u>	Birth Place <u>Kootenai County, Idaho</u>	Full Name of Mother	Name of Father	
Class <u>A</u>					

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>[Signature]</u>	Date Filed <u>9-10-51</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1944

August 21

Handwritten notes and signatures in the top left section.

Handwritten notes and signatures in the middle left section.

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Large handwritten notes and signatures in the middle right section.

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SEP 11 1944

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De51-2102
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>VINCENT WHITE</u>				2. Date (month) (day) (year) Of Birth <u>MARCH 21 1891</u>		
	3. Color or Race <u>white</u>	4. Sex <u>male</u>	5. Place of Birth a. County <u>BLAINE IDAHO</u>		b. City or Town of Birth <u>PICABO</u>		
FATHER	6. Full Name of Father <u>WALTER GEORGE WHITE</u>				7. State or Country of Father's Birth <u>OHIO</u>		
MOTHER	8. Full Maiden Name of Mother <u>CATHERINE MEECHAM</u>				9. State or Country of Mother's Birth <u>PHILADELPHIA, PENNSYLVANIA</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Vincent White</u>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>Oct 8 1951</u>				11. Present Address of Registrant <u>Mtn Home Ida</u>		12. Signature of Notary <u>Mabel Freeman</u>
					13. Notary Commission expires <u>May 1, 1953</u>		

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Family Bible Record</u>		By whom issued and signed <u>Family Bible</u>	Date Issued <u>March 21, 1891</u>	Date Orig. Entry
	Date of Birth <u>March 21, 1891</u>	Birth Place <u>/</u>	Full Name of Mother <u>Catharine White</u>	Name of Father <u>W. G. White</u>	
SUPPORTING RECORD 2.	Type of Document <u>Affidavit from Sister</u>		By whom issued and signed <u>Mrs. A. W. Baldwin</u>	Date Issued <u>May 2, 1950</u>	Date Orig. Entry
	Date of Birth <u>March 21, 1891</u>	Birth Place <u>Picabo, Idaho</u>	Full Name of Mother <u>Catharine Meecham White</u>	Name of Father <u>Walter George White</u>	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

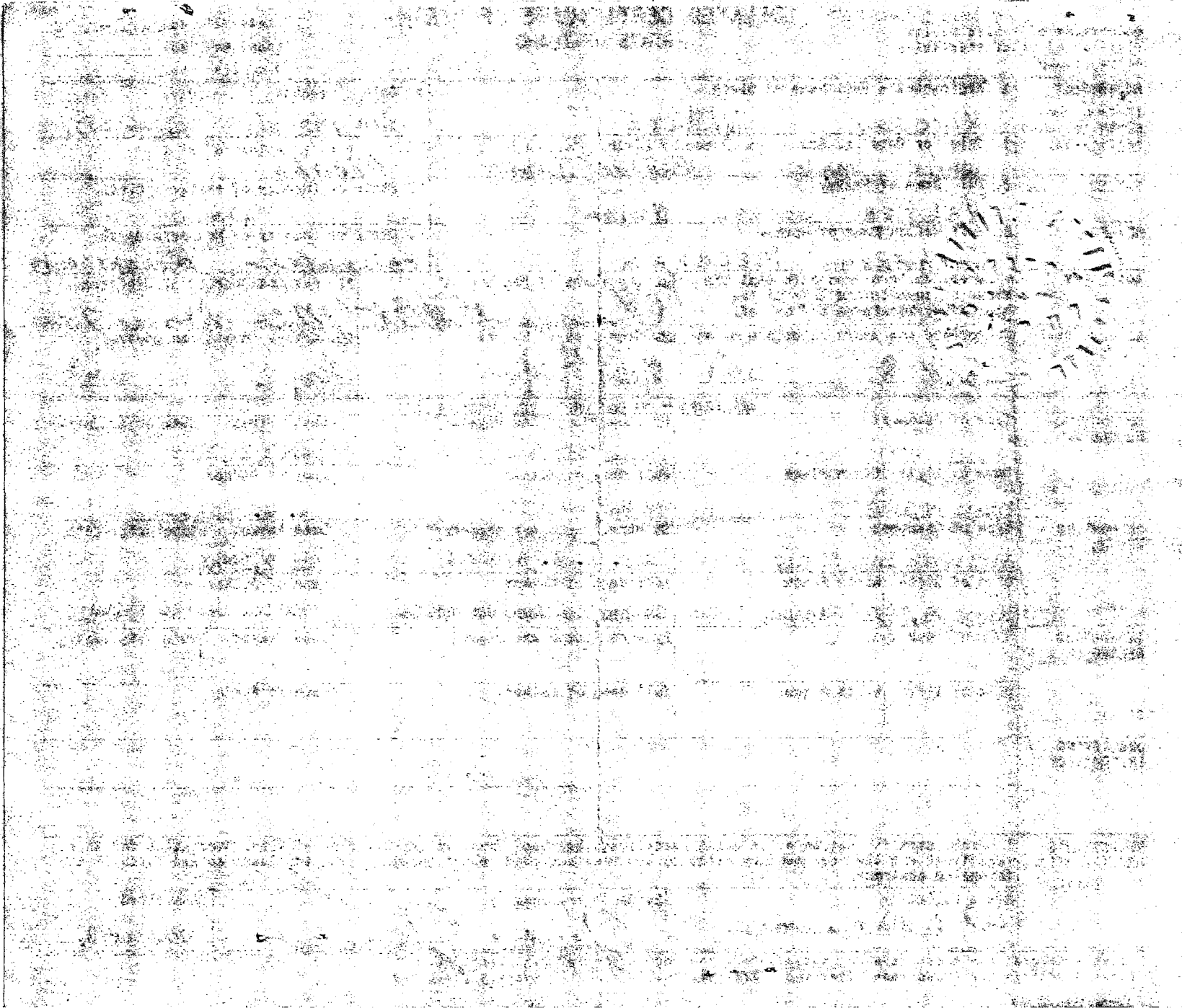
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W. Benson</u>	Evidence reviewed by <u>Jayce Janis</u>	Date Filed <u>October 8, 1951</u>
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*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BLAINE (b) City

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:
In THIS county years months days

4. FULL NAME OF CHILD VINCENT WHITE

6 Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME WALTER GEORGE WHITE

11. Color or Race WHITE 12. Age at time of THIS birth 42 yrs.

13. Birthplace Ohio
(City or town) (State or foreign country)

14. Exact Occupation FARMER And Blacksmith

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County BLAINE

(c) City PICABO

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Picabo, Idaho

5. Date of Birth of Child
(Month, day, year) 3-21-1891

8. No. months of Pregnancy 9 9. Legitimate? YES

MOTHER OF CHILD

16. FULL MAIDEN NAME CATHERN Meecham

17. Color or Race WHITE 18. Age at time of THIS birth 39 yrs.

19. Birthplace Philadelphia PENNSYLVANIA
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at M. on the date
(Born alive, stillborn) Mrs. R. M. Baldwin
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as Older Sister
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Blaine }

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 74 years of age, that I have known this person for 59 years, and that
who attended this birth I further

(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1950

(SEAL) R. H. McCoy Notary Public, residing at Hailey, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

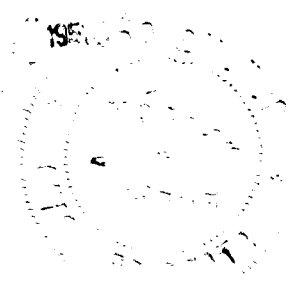
Received for filing on by Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 1951



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

NOV 26 1951

DIVISION OF VITAL
STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2238
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery:
In THIS county 5 years 5 months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Ida (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 5-2 yrs.

3. RESIDENCE OF FATHER (city, state) Ida 3

5. Date of Birth of Child April 29, 1941
(Month, day, year)

4. FULL NAME OF CHILD Iva Iola Jarvis

6 Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Warner Kemner Jarvis

11. Color white 12. Age at time of THIS birth 42 yrs.

13. Birthplace Pennsboro W. Virginia
(City or town) (State or foreign country)

14. Exact Occupation farming

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Kate Woff

17. Color white 18. Age at time of THIS birth 29 yrs.

19. Birthplace unknown Middlesex
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 60 years, and that Florence Huddleson who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estella C. Murphy Signature
Middleton, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of July, 19 51
(SEAL) Gene N. Moberly Notary Public, residing at Middleton, I d.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-94, Idaho Code Annotated.)

Received for filing on Nov. 26, 1951 by W. W. Benson, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

572-1251003-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-23711
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No. unincorporated at time of birth
(d) Name of Hospital or Maternity Home: At home

(e) Mothers stay **BEFORE** delivery:
In THIS county 2 years months days

4. FULL NAME OF CHILD Irvin Raleigh Egbert

6 Sex M 7. Twin or Triplet 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Samuel Wesley Egbert

11. Color or Race White 12. Age at time of THIS birth 39 yrs.

13. Birthplace Neat Jordan, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farming & Livestock

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Grace - unincorporated
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 2 yrs.
Both parents now deceased

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

5. Date of Birth of Child September 25, 1891
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Ann Emmett Gardner

17. Color or Race White 18. Age at time of THIS birth 36 yrs.

19. Birthplace Millers Creek, Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)

who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Blaine Lake

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears

(Mother, etc.)

in Item 4, above, that I am now 78 years of age, that I have known this person for 60 years, and that

Mr. Montague who attended this birth. Deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Jane General Egbert Chase Signature
X 1737 Wilson Ave P. O. Address

Subscribed and sworn to before me this 9 day of January, 1952
(SEAL) Edward Lee Notary Public, residing at Blaine Lake, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

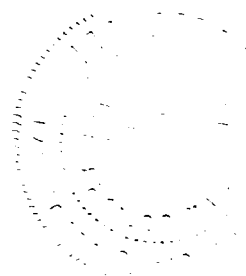
Received for filing on Jan. 21, 1952 by W. W. Benson, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 22 1932



DELAYED

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De52-2491
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Friedrick Otto Schupfer			2. Date (month) (day) (year) Of Birth May 7th 1891		
	3. Color or Race White	4. Sex male	5. Place of Birth a. County Latah	b. City or Town of Birth Juliaetta		
FATHER	6. Full Name of Father Mathias Schupfer			7. State or Country of Father's Birth Austria.		
MOTHER	8. Full Maiden Name of Mother Aloisia Knaus.			9. State or Country of Mother's Birth Austria.		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Friedrick Otto Schupfer</i>		11. Present Address of Registrant <i>Juliaetta Ida.</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>Feb. 20th 1952</i>			12. Signature of Notary <i>[Signature]</i>		13. Notary Commission expires <i>Jan. 11th 1956</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* <u>A</u>	Type of Document Certificate of Baptism		By whom issued and signed Church	Date issued	Date Orig. Entry July 10, 1892
	Date of Birth May 7, 1891	Birth Place Juliaetta, Idaho	Full Name of Mother Aloisia Knaus	Name of Father Mathias Schupfer	
SUPPORTING RECORD 2. Class <u>B</u>	Type of Document Census Record		By whom issued and signed Department of Commerce Bureau of the Census	Date issued	Date Orig. Entry 1900 census
	Date of Birth 9 years old	Birth Place Idaho	Full Name of Mother Alosia and	Name of Father Mathias Schupfer	
SUPPORTING RECORD 3. Class <u>B</u>	Type of Document Census Record		By whom issued and signed Department of Commerce Bureau of the Census	Date issued	Date Orig. Entry 1910 census
	Date of Birth 19 years old	Birth Place Idaho	Full Name of Mother Aloisia	Name of Father M. Schufer	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson			Evidence reviewed by <i>[Signature]</i>		Date Filed Feb. 26, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

122-40000-10000

[illegible][illegible]

Class	Supporting Record	Type of Document	Date of Birth Place	Full Name of Mother	By whom issued and signed	Date issued	Name of Father
Class 1	Supporting Record	By whom issued and signed	Michaela	Michaela	1910 census	1910 census	Michaela Schreiber
Class 2	Supporting Record	By whom issued and signed	Michaela	Michaela	1910 census	1910 census	Michaela Schreiber
Class 3	Supporting Record	By whom issued and signed	Michaela	Michaela	1910 census	1910 census	Michaela Schreiber

[illegible]

Class A records are those that are stored in Class A records and are not stored in Class B records.

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De52-2507
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Ball, Harry Arthur Raymond				2. Date of Birth (month) (day) (year) Nov. 2 1891		
	3. Color or Race Caucasian	4. Sex M	5. Place of Birth Bonndary		b. City or Town of Birth Bonnors Ferry		
FATHER	6. Full Name of Father Joseph Arthur Ball				7. State or Country of Father's Birth Oregon		
MOTHER	8. Full Maiden Name of Mother Clara Ann Higgins Ball				9. State or Country of Mother's Birth Oregon		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Harry Arthur Raymond Ball</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <i>Feb 27 1952</i>				12. Signature of Notary <i>Stuart H. Taylor</i>		11. Present Address of Registrant 1544 Poplar, Twin Falls,
							13. Notary Commission expires <i>Jan 1 1954</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Bible Record		By whom issued and signed Family Bible viewed by Stuart H. Taylor, Notary	Date issued Feb. 27, 1952	Date Orig. Entry Nov. 2, 1891
	Date of Birth Nov. 2, 1891	Birth Place Bonnors Ferry, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document Honorable Discharge		By whom issued and signed Army of the United States	Date issued 3-23-19	Date Orig. Entry 8-7-1918
	Date of Birth 26 years old,	Birth Place Bonnors Ferry, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>Mary E. Benson</i>	Date Filed Feb. 29, 1952

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF IDAHO DELAYED CERTIFICATE OF BIRTH

Department of Public Health
 Division of Vital Statistics
 Boise, Idaho

State file no. _____
 Local Reg. No. _____
 Reg. Dist. No. _____
 S. Date (month) (year) _____
 S. Date (year) _____
 S. Date (month) _____
 S. Date (year) _____

1. State of Country of Father's Birth _____
 2. State of Country of Mother's Birth _____
 3. Place of Birth _____
 4. Name of Father _____
 5. Name of Mother _____
 6. Name of Child _____
 7. Sex of Child _____
 8. Date of Birth _____
 9. Time of Birth _____
 10. Place of Birth _____
 11. Name of Physician _____
 12. Name of Midwife _____
 13. Name of Nurse _____
 14. Name of Doctor _____
 15. Name of Hospital _____
 16. Name of Clinic _____
 17. Name of Office _____
 18. Name of Home _____
 19. Name of Other _____
 20. Name of Other _____

1. Registered a full name of birth _____
 2. Date of Birth _____
 3. Place of Birth _____
 4. Name of Father _____
 5. Name of Mother _____
 6. Name of Child _____
 7. Sex of Child _____
 8. Date of Birth _____
 9. Time of Birth _____
 10. Place of Birth _____
 11. Name of Physician _____
 12. Name of Midwife _____
 13. Name of Nurse _____
 14. Name of Doctor _____
 15. Name of Hospital _____
 16. Name of Clinic _____
 17. Name of Office _____
 18. Name of Home _____
 19. Name of Other _____
 20. Name of Other _____



1. Date of Birth _____
 2. Place of Birth _____
 3. Name of Father _____
 4. Name of Mother _____
 5. Name of Child _____
 6. Sex of Child _____
 7. Date of Birth _____
 8. Time of Birth _____
 9. Place of Birth _____
 10. Name of Physician _____
 11. Name of Midwife _____
 12. Name of Nurse _____
 13. Name of Doctor _____
 14. Name of Hospital _____
 15. Name of Clinic _____
 16. Name of Office _____
 17. Name of Home _____
 18. Name of Other _____
 19. Name of Other _____

1. Date of Birth _____
 2. Place of Birth _____
 3. Name of Father _____
 4. Name of Mother _____
 5. Name of Child _____
 6. Sex of Child _____
 7. Date of Birth _____
 8. Time of Birth _____
 9. Place of Birth _____
 10. Name of Physician _____
 11. Name of Midwife _____
 12. Name of Nurse _____
 13. Name of Doctor _____
 14. Name of Hospital _____
 15. Name of Clinic _____
 16. Name of Office _____
 17. Name of Home _____
 18. Name of Other _____
 19. Name of Other _____

1. Date of Birth _____
 2. Place of Birth _____
 3. Name of Father _____
 4. Name of Mother _____
 5. Name of Child _____
 6. Sex of Child _____
 7. Date of Birth _____
 8. Time of Birth _____
 9. Place of Birth _____
 10. Name of Physician _____
 11. Name of Midwife _____
 12. Name of Nurse _____
 13. Name of Doctor _____
 14. Name of Hospital _____
 15. Name of Clinic _____
 16. Name of Office _____
 17. Name of Home _____
 18. Name of Other _____
 19. Name of Other _____

FEB 25 1935

1. Date of Birth _____
 2. Place of Birth _____
 3. Name of Father _____
 4. Name of Mother _____
 5. Name of Child _____
 6. Sex of Child _____
 7. Date of Birth _____
 8. Time of Birth _____
 9. Place of Birth _____
 10. Name of Physician _____
 11. Name of Midwife _____
 12. Name of Nurse _____
 13. Name of Doctor _____
 14. Name of Hospital _____
 15. Name of Clinic _____
 16. Name of Office _____
 17. Name of Home _____
 18. Name of Other _____
 19. Name of Other _____

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-2564
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Raymond Cary Havird</i>				2. Date of Birth (month) (day) (year) <i>7 - 24 - 1891</i>			
	3. Color or Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth <i>Idaho, Boise Co.</i>	a. County	b. City or Town of Birth <i>Idaho City.</i>			
FATHER	6. Full Name of Father <i>Cary Caldwell Havird</i>				7. State or Country of Father's Birth <i>Illinois Quincy.</i>			
MOTHER	8. Full Maiden Name of Mother <i>Helen W. Dodge</i>				9. State or Country of Mother's Birth <i>Oregon.</i>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Raymond E. Havird</i>			
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 19 1952</i>				11. Present Address of Registrant <i>702 Fort St</i>			
					12. Signature of Notary <i>Ralph W. Hendon</i>			
				13. Notary Commission expires <i>10-22 1952</i>				

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>Child's Birth certificate</i>		By whom issued and signed <i>On file at Bureau of Vital Statistics. File no. 39003</i>		Date Issued	Date Orig. Entry <i>April 11, 1916</i>
	Date of Birth <i>25 Yrs. Old</i>	Birth Place <i>Idaho</i>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document <i>Affidavit</i>		By whom issued and signed <i>D. D. Beaumont</i>		Date Issued <i>March 19, 1952</i>	Date Orig. Entry
	Date of Birth <i>13 School year of 1904-05</i>	Birth Place <i>Idaho</i>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document <i>Life Insurance Policy</i>		By whom issued and signed <i>Mutual Benfit Life Insurance</i>		Date issued <i>Oct. 5, 1926</i>	Date Orig. Entry
	Date of Birth <i>July 24, 1891</i>	Birth Place <i>Idaho City, Idaho</i>	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Shirley Harrell</i>	Date Filed <i>March 19, 1952</i>
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* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

100-443887-100

CONFIDENTIAL

14-00000

MAR 20 1966

THESE

A circular postmark from New York, dated 1907. The text "NEW YORK" is at the top, "1907" is at the bottom, and "JUL 11" is in the center. The words "U.S. POSTAGE" are faintly visible around the inner edge.

THE

100

SECRET

2411

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100-443887-100

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2580
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Esther Elizabeth Hansen</u>			2. Date of Birth Month <u>May</u> Day <u>20</u> Year <u>1891</u>		
	3. Color or Race <u>white</u>	4. Sex <u>female</u>	5. Place of Birth <u>Bloomington, Ida.</u>	a. County <u>Bear Lake</u>	b. City or Town of Birth <u>Bloomington</u>	
FATHER	6. Full Name of Father <u>John Hansen</u>			7. State or Country of Father's Birth <u>Brigham City, Utah</u>		
MOTHER	8. Full Maiden Name of Mother <u>Alice Bateman</u>			9. State or Country of Mother's Birth <u>England</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Esther Elizabeth Hansen</u>		11. Present Address of Registrant <u>1167 Mt. Vernon San Bernardino, Calif.</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 22 1952</u>			12. Signature of Notary <u>E. E. Crowley</u>		13. Notary Commission expires <u>April 6. 1953.</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document <u>Photostatic copy of child's birth certificate.</u>		By whom issued and signed <u>Idaho Dept. of Public Health</u>		Date issued <u>Oct. 16, '42</u>
	Date of Birth <u>26 yrs. old</u>	Birth Place <u>Bloomington, Ida.</u>	Full Name of Mother		Date Orig. Entry <u>Mar. 25, 1918</u>
Class <u>B</u>					Name of Father
SUPPORTING RECORD 2-	Type of Document <u>Affidavit by mother</u>		By whom issued and signed <u>Alice Bateman Hansen</u>		Date issued <u>Mar. 26, 1952</u>
	Date of Birth <u>May 20, 1891</u>	Birth Place <u>Bloomington, Ida.</u>	Full Name of Mother <u>Alice Bateman Hansen</u>		Date Orig. Entry
Class <u>B</u>					Name of Father <u>John Hansen</u>
SUPPORTING RECORD 3-	Type of Document <u>Insurance policy</u>		By whom issued and signed <u>The Prudential Insurance Co. of America</u>		Date issued
	Date of Birth <u>33 yrs. old</u>	Birth Place <u>(next birthday)</u>	Full Name of Mother		Date Orig. Entry <u>Sept. 17, 1923</u>
Class <u>B</u>					Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Jean Jordan</u>	Date Filed <u>April 1, 1952</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF IDAHO DELAYED CERTIFICATE OF BIRTH

Department of Public Health
 Division of Vital Statistics
 Boise, Idaho

State of Idaho
 Local Health Officer
 Date of Birth

1. Registered Name of Child Elizabeth Hansen		2. Registered Name of Mother John Hansen	
3. Date of Birth May 30, 1925		4. Place of Birth Bloomington, Idaho	
5. Sex Female		6. Name of Father John Hansen	
7. Name of Mother John Hansen		8. Address of Child at Birth Bloomington, Idaho	
9. Address of Child at Present Bloomington, Idaho		10. Address of Mother at Present Bloomington, Idaho	
11. Address of Father at Present Bloomington, Idaho		12. Signature of Registrar [Signature]	
13. Signature of Mother [Signature]		14. Signature of Father [Signature]	

15. Date of Birth May 30, 1925		16. Place of Birth Bloomington, Idaho	
17. Name of Child Elizabeth Hansen		18. Name of Mother John Hansen	
19. Name of Father John Hansen		20. Address of Child at Birth Bloomington, Idaho	
21. Address of Child at Present Bloomington, Idaho		22. Address of Mother at Present Bloomington, Idaho	
23. Address of Father at Present Bloomington, Idaho		24. Signature of Registrar [Signature]	
25. Signature of Mother [Signature]		26. Signature of Father [Signature]	

Class A records are those made and filed before the 1st of January, 1925.
 Class B records are those made after the 1st of January, 1925.

State Registrar
E. W. Hanson

Witness reviewed by
[Signature]

Date of Birth
April 1, 1925

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2675
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Ada Norine Isaac</u>				2. Date of Birth (month) (day) (year) <u>Nov 11 1891</u>			
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth a. County <u>Canyon</u>		b. City or Town of Birth <u>Caldwell</u>			
FATHER	6. Full Name of Father <u>William Henry Isaac</u>				7. State or Country of Father's Birth <u>New York</u>			
MOTHER	8. Full Maiden Name of Mother <u>Ada Caroline Miner</u>				9. State or Country of Mother's Birth <u>Ohio</u>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Ada E. Hartenbauer</u>		11. Present Address of Registrant <u>Caldwell, Idaho</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>April 17 19 52</u>				12. Signature of Notary <u>Edith H. Church</u>		13. Notary Commission expires <u>June 20 19 53</u>	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Diary of Dr. Wm. J. Boone</u>		By whom issued and signed <u>College of Idaho</u>		Date Issued <u>Nov. 11, 1891</u>	Date Orig. Entry
	Date of Birth <u>Nov. 11, 1891</u>	Birth Place <u>Caldwell, Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document <u>School Record</u>		By whom issued and signed <u>College of Idaho</u>		Date Issued	Date Orig. Entry <u>Sept. 19, 1906</u>
	Date of Birth <u>1 1/4 years old</u>	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
H. J. Benson

Evidence reviewed by
Mabel E. Eason

Date Filed
Apr. 18, 1952

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF IOWA DELETED CERTIFICATES OF BIRTH

State of Iowa
Department of Public Health
Division of Vital Statistics
Des Moines, Iowa

REGISTRATION
1. Registrar's full name at birth
2. Person whose birth is being registered
3. Date of birth (Month, Day, Year)
4. Sex
5. Place of birth (City or town, State)
6. State of County, Father's birth
7. State of County, Mother's birth
8. State of County of Mother's birth
9. Full name of Mother
10. Signature of Registrar
11. Signature of Father
12. Signature of Mother
13. Date of birth (Month, Day, Year)
14. Date of death (Month, Day, Year)
15. Date of burial (Month, Day, Year)
16. Date of cremation (Month, Day, Year)
17. Date of interment (Month, Day, Year)
18. Date of removal (Month, Day, Year)
19. Date of reinterment (Month, Day, Year)
20. Date of exhumation (Month, Day, Year)
21. Date of disinterment (Month, Day, Year)
22. Date of reburial (Month, Day, Year)
23. Date of reinterment (Month, Day, Year)
24. Date of reexhumation (Month, Day, Year)
25. Date of reexhumation (Month, Day, Year)
26. Date of reexhumation (Month, Day, Year)
27. Date of reexhumation (Month, Day, Year)
28. Date of reexhumation (Month, Day, Year)
29. Date of reexhumation (Month, Day, Year)
30. Date of reexhumation (Month, Day, Year)

REGISTRATION
1. Registrar's full name at birth
2. Person whose birth is being registered
3. Date of birth (Month, Day, Year)
4. Sex
5. Place of birth (City or town, State)
6. State of County, Father's birth
7. State of County, Mother's birth
8. State of County of Mother's birth
9. Full name of Mother
10. Signature of Registrar
11. Signature of Father
12. Signature of Mother
13. Date of birth (Month, Day, Year)
14. Date of death (Month, Day, Year)
15. Date of burial (Month, Day, Year)
16. Date of cremation (Month, Day, Year)
17. Date of interment (Month, Day, Year)
18. Date of removal (Month, Day, Year)
19. Date of reinterment (Month, Day, Year)
20. Date of exhumation (Month, Day, Year)
21. Date of disinterment (Month, Day, Year)
22. Date of reburial (Month, Day, Year)
23. Date of reinterment (Month, Day, Year)
24. Date of reexhumation (Month, Day, Year)
25. Date of reexhumation (Month, Day, Year)
26. Date of reexhumation (Month, Day, Year)
27. Date of reexhumation (Month, Day, Year)
28. Date of reexhumation (Month, Day, Year)
29. Date of reexhumation (Month, Day, Year)
30. Date of reexhumation (Month, Day, Year)

REGISTRATION
1. Registrar's full name at birth
2. Person whose birth is being registered
3. Date of birth (Month, Day, Year)
4. Sex
5. Place of birth (City or town, State)
6. State of County, Father's birth
7. State of County, Mother's birth
8. State of County of Mother's birth
9. Full name of Mother
10. Signature of Registrar
11. Signature of Father
12. Signature of Mother
13. Date of birth (Month, Day, Year)
14. Date of death (Month, Day, Year)
15. Date of burial (Month, Day, Year)
16. Date of cremation (Month, Day, Year)
17. Date of interment (Month, Day, Year)
18. Date of removal (Month, Day, Year)
19. Date of reinterment (Month, Day, Year)
20. Date of exhumation (Month, Day, Year)
21. Date of disinterment (Month, Day, Year)
22. Date of reburial (Month, Day, Year)
23. Date of reinterment (Month, Day, Year)
24. Date of reexhumation (Month, Day, Year)
25. Date of reexhumation (Month, Day, Year)
26. Date of reexhumation (Month, Day, Year)
27. Date of reexhumation (Month, Day, Year)
28. Date of reexhumation (Month, Day, Year)
29. Date of reexhumation (Month, Day, Year)
30. Date of reexhumation (Month, Day, Year)



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

313-202-040-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 52-2679

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City FRISCO

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Own Home

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone

(c) City FRISCO

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD SARAH W. TALLENTIRE

5. Date of Birth of Child
(Month, day, year) April 2, 1891

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st Child

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Tallentire

11. Color W 12. Age at time of THIS birth 34 yrs.

13. Birthplace Middletown (City or town) England (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business Gold and Silver Mines

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY JANE STOCKDALE

17. Color W 18. Age at time of THIS birth 20 yrs.

19. Birthplace Jerusalem (City or town) England (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive M. on the date April 2, 1891 and at the place stated above, and that personal particulars were furnished by MARY JANE TALLENTIRE, who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address MARKLEYSBURG, PA. Date _____

State of Pennsylvania County of Fayette } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for Birth years, and that Mary Jane Tallentire (First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Tallentire Signature
Markleysburg, Pa., P. O. Address

Subscribed and sworn to before me this 16th day of April 1952, 19.....

(SEAL) Valerie C. Lutz Notary Public, residing at Markleysburg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Pa.,

Received for filing on April 21, 1952 by W. W. Benson, Registrar.

APR 23 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2868
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Walker Stull Wright			2. Date Of Birth November 30th 1891 (month) (day) (year)		
	3. Color or Race White	4. Sex Male	5. Place of Birth Bingham	a. County Blackfoot		
FATHER	6. Full Name of Father David Darwin Wright			7. State or Country of Father's Birth Illinois		
MOTHER	8. Full Maiden Name of Mother Cassandra Whittaker			9. State or Country of Mother's Birth Utah		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Walker Stull Wright</i>		11. Present Address of Registrant Blackfoot, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on May 29th. 1952.			12. Signature of Notary <i>W. W. Benson</i>		13. Notary Commission expires September 21th 1955.

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Application for Insurance		By whom issued and signed Western Life Insurance Co.		Date issued March 18, 1939
	Date of Birth Nov. 30, 1891,	Birth Place Blackfoot, Idaho	Full Name of Mother		Name of Father
Class* <u>B</u>					
SUPPORTING RECORD 2.	Type of Document Application for Insurance		By whom issued and signed Reliance Life Insurance Co.		Date issued Aug. 7, 1913
	Date of Birth Nov. 30, 1891,	Birth Place Idaho	Full Name of Mother		Name of Father
Class <u>B</u>					
SUPPORTING RECORD 3.	Type of Document Certificate of Baptism		By whom issued and signed Jason Lee Memorial Methodist Church		Date issued June 18, 1892
	Date of Birth Nov. 30, 1891	Birth Place	Full Name of Mother Cassie Wright		Name of Father David Wright
Class <u>A</u>					

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>W. W. Benson</i>	Date Filed June 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

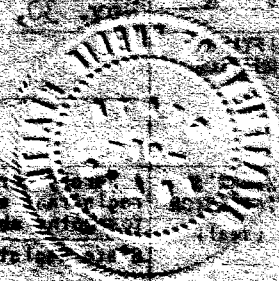
DECEASED CERTIFICATE OF BIRTH STATE OF ILLINOIS

Division of Vital Statistics
State of Illinois

1. Name of Deceased	2. Date of Birth	3. Place of Birth	4. Sex	5. Race	6. Color	7. Height	8. Weight	9. Eyes	10. Hair	11. Occupation	12. Cause of Death	13. Date of Death	14. Place of Death	15. Name of Physician	16. Name of Hospital	17. Name of City	18. Name of State	19. Name of Country	20. Name of Continent
David Lewis Wright	1952	Chicago	Male	White	White	5' 10"	170	Blue	Brown	None	None	None	None	None	None	None	None	None	None



21. Name of Father	22. Date of Birth	23. Place of Birth	24. Sex	25. Race	26. Color	27. Height	28. Weight	29. Eyes	30. Hair	31. Occupation	32. Cause of Death	33. Date of Death	34. Place of Death	35. Name of Physician	36. Name of Hospital	37. Name of City	38. Name of State	39. Name of Country	40. Name of Continent
David Lewis Wright	1910	Chicago	Male	White	White	5' 10"	170	Blue	Brown	None	None	None	None	None	None	None	None	None	None



41. Name of Mother	42. Date of Birth	43. Place of Birth	44. Sex	45. Race	46. Color	47. Height	48. Weight	49. Eyes	50. Hair	51. Occupation	52. Cause of Death	53. Date of Death	54. Place of Death	55. Name of Physician	56. Name of Hospital	57. Name of City	58. Name of State	59. Name of Country	60. Name of Continent
David Lewis Wright	1910	Chicago	Female	White	White	5' 10"	170	Blue	Brown	None	None	None	None	None	None	None	None	None	None

Signature of Registrar
Date of Registration

Other A Record and those made and dated before the registration month in Illinois.
Other A Record and those made after the month in Illinois and at least a year old.

913-214-004-285 DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. de 52-2901
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Edna Clara Rich			2. Date (month) (day) (year) Of Birth Aug. 14, 1891	
	3. Color or Race	4. Sex	5. Place of Birth a. County	b. City or Town of Birth	
FATHER	6. Full Name of Father Heber Charles Chase Rich			7. State or Country of Father's Birth Centerville, Utah	
MOTHER	8. Full Maiden Name of Mother Edna Matilda Shepherd			9. State or Country of Mother's Birth Beaver, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Edna Clara Rich</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>June 5</u> 19 <u>52</u> .			11. Present Address of Registrant <u>1336 1/2 - Kelowna, Kelowna, California</u>	
				12. Signature of Notary <i>Josephine Cannon</i>	
				13. Notary Commission expires <u>My Commission Expires March 2, 1956</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Record of Pioneers and Prominent Men of Utah (father)			Published	in 1913
Class* <u>B</u>	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	<u>Aug 14, 1891</u>	<u>Paris, Idaho</u>	<u>Edna Matilda Shepherd</u>	<u>Heber Charles Chase Rich</u>	
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Family Group Genealogy		Family Record		
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	<u>Aug. 14, 1891</u>	<u>Paris, Idaho</u>			
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Child's birth certificate		Filed with the Bureau of Vital Statistics, Boise, #76833		Dec. 22, 1919
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	<u>27 yrs old</u>	<u>Idaho</u>			

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>Jean Jordan</i>	Date Filed June 9, 1952

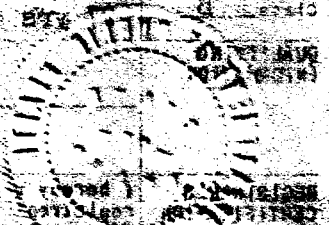
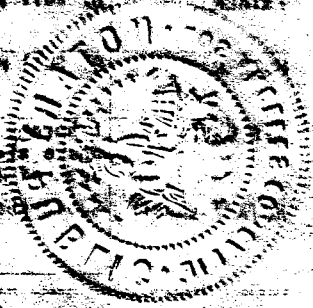
* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DEFERRED CERTIFICATE OF BIRTH

STATE OF IOWA

Department of Public Health
Division of Vital Statistics
Des Moines, Iowa

1. Registrant's Full Name as Birth John Charles Rios		2. Date of Birth Aug. 1911	
3. Place of Birth City of Iowa		4. State of Birth Iowa	
5. Name of Father John Charles Rios		6. Name of Mother Beaver, Jean	
7. Name of Registrar John Charles Rios		8. Name of Registrar Beaver, Jean	
9. Signature of Registrar <i>[Signature]</i>		10. Signature of Registrar <i>[Signature]</i>	
11. Date of Issuance Aug. 1911		12. Date of Issuance Aug. 1911	
13. Name of Registrar John Charles Rios		14. Name of Registrar Beaver, Jean	
15. Date of Issuance Aug. 1911		16. Date of Issuance Aug. 1911	
17. Name of Registrar John Charles Rios		18. Name of Registrar Beaver, Jean	
19. Date of Issuance Aug. 1911		20. Date of Issuance Aug. 1911	
21. Name of Registrar John Charles Rios		22. Name of Registrar Beaver, Jean	
23. Date of Issuance Aug. 1911		24. Date of Issuance Aug. 1911	
25. Name of Registrar John Charles Rios		26. Name of Registrar Beaver, Jean	
27. Date of Issuance Aug. 1911		28. Date of Issuance Aug. 1911	
29. Name of Registrar John Charles Rios		30. Name of Registrar Beaver, Jean	
31. Date of Issuance Aug. 1911		32. Date of Issuance Aug. 1911	
33. Name of Registrar John Charles Rios		34. Name of Registrar Beaver, Jean	
35. Date of Issuance Aug. 1911		36. Date of Issuance Aug. 1911	
37. Name of Registrar John Charles Rios		38. Name of Registrar Beaver, Jean	
39. Date of Issuance Aug. 1911		40. Date of Issuance Aug. 1911	
41. Name of Registrar John Charles Rios		42. Name of Registrar Beaver, Jean	
43. Date of Issuance Aug. 1911		44. Date of Issuance Aug. 1911	
45. Name of Registrar John Charles Rios		46. Name of Registrar Beaver, Jean	
47. Date of Issuance Aug. 1911		48. Date of Issuance Aug. 1911	
49. Name of Registrar John Charles Rios		50. Name of Registrar Beaver, Jean	
51. Date of Issuance Aug. 1911		52. Date of Issuance Aug. 1911	
53. Name of Registrar John Charles Rios		54. Name of Registrar Beaver, Jean	
55. Date of Issuance Aug. 1911		56. Date of Issuance Aug. 1911	
57. Name of Registrar John Charles Rios		58. Name of Registrar Beaver, Jean	
59. Date of Issuance Aug. 1911		60. Date of Issuance Aug. 1911	
61. Name of Registrar John Charles Rios		62. Name of Registrar Beaver, Jean	
63. Date of Issuance Aug. 1911		64. Date of Issuance Aug. 1911	
65. Name of Registrar John Charles Rios		66. Name of Registrar Beaver, Jean	
67. Date of Issuance Aug. 1911		68. Date of Issuance Aug. 1911	
69. Name of Registrar John Charles Rios		70. Name of Registrar Beaver, Jean	
71. Date of Issuance Aug. 1911		72. Date of Issuance Aug. 1911	
73. Name of Registrar John Charles Rios		74. Name of Registrar Beaver, Jean	
75. Date of Issuance Aug. 1911		76. Date of Issuance Aug. 1911	
77. Name of Registrar John Charles Rios		78. Name of Registrar Beaver, Jean	
79. Date of Issuance Aug. 1911		80. Date of Issuance Aug. 1911	
81. Name of Registrar John Charles Rios		82. Name of Registrar Beaver, Jean	
83. Date of Issuance Aug. 1911		84. Date of Issuance Aug. 1911	
85. Name of Registrar John Charles Rios		86. Name of Registrar Beaver, Jean	
87. Date of Issuance Aug. 1911		88. Date of Issuance Aug. 1911	
89. Name of Registrar John Charles Rios		90. Name of Registrar Beaver, Jean	
91. Date of Issuance Aug. 1911		92. Date of Issuance Aug. 1911	
93. Name of Registrar John Charles Rios		94. Name of Registrar Beaver, Jean	
95. Date of Issuance Aug. 1911		96. Date of Issuance Aug. 1911	
97. Name of Registrar John Charles Rios		98. Name of Registrar Beaver, Jean	
99. Date of Issuance Aug. 1911		100. Date of Issuance Aug. 1911	



This record is filed with the birth certificate and is subject to the same laws and regulations. It is not to be used for any other purpose.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

165-122-606-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2925
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery:
In **THIS** county x x years 10 months xx days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 10 years

3. **RESIDENCE OF FATHER** (city, state) Basalt, Idaho

4. **FULL NAME OF CHILD** James Lester Jones

5. Date of Birth of Child
(Month, day, year) May 22, 1891

6 Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd xxx

8. No. months of Pregnancy nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Reese D. Jones
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Fry Forrest, South Wales, Britian
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business xxxxxx

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Jane Winks
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace New York City, New York
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business xxxxxxx

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Bingham } of the person whose name appears

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.)
in Item 4 above, that I am now 74 years of age, that I have known this person for 61 years, and that
Kristine Jacobson (First name) (Last name), who attended this birth is now deceased I further
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

AFFIDAVIT

Mrs. Lela Dye Signature
Box 134, Jirtch, Idaho P. O. Address
June 1951
Subscribed and sworn to before me this 15 day of
(SEAL) W. W. Benson Notary Public, residing at Pocatello
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Idaho

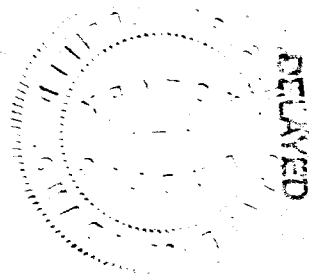
Received for filing on June 18, 1952 by W. W. Benson Registrar

OCT 28 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De52-3015
 Local Reg. No. _____
 Reg. Dist. No. _____

MAY 1 1952

Hanna Victoria Lilljegen

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Hanna Victoria Lilljegen</u>				2. Date (month) (day) (year) Birth <u>December</u> <u>10</u> <u>1891</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth a. County <u>Latah</u>		b. City or Town of Birth <u>Troy</u>	
FATHER	6. Full Name of Father <u>Aron Lilljegen</u>				7. State or Country of Father's Birth <u>Sweden - Stockholm</u>	
MOTHER	8. Full Maiden Name of Mother <u>Selma Lilljegen</u>				9. State or Country of Mother's Birth <u>Sweden - Stockholm</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Hanna Victoria Lilljegen</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>April 9</u> 19 <u>52</u>				11. Present Address of Registrant <u>E. 3707 Bridgeport Ave. Spokane 27, Wash.</u>	
	12. Signature of Notary <u>William J. Smith</u>				13. Notary Commission expires <u>Aug. 3</u> 19 <u>54</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Prudential Life</u>	Date issued <u>5-25-44</u>	Date Orig. Entry
	Date of Birth <u>Dec. 10, 1891,</u>	Birth Place <u>Idaho</u>	Full Name of Mother	Name of Father	
Class* <u>D</u>					
SUPPORTING RECORD 2.	Type of Document <u>Child's birth certificate</u>		By whom issued and signed <u>#163 State of Washington Adeline Marion Pentz</u>	Date issued	Date Orig. Entry <u>1-24-20</u>
	Date of Birth <u>28 yrs old</u>	Birth Place <u>Idaho</u>	Full Name of Mother	Name of Father	
Class <u>B</u>					
SUPPORTING RECORD 3.	Type of Document <u>Affidavit by sister</u>		By whom issued and signed <u>Emma C. Schroder</u>	Date issued <u>6/23/52</u>	Date Orig. Entry
	Date of Birth <u>Dec. 10, 1891</u>	Birth Place <u>Troy, Idaho</u>	Full Name of Mother <u>Selma Lilljegen</u>	Name of Father <u>Aron Lilljegen</u>	
Class <u>B</u>					

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Edna Hamilton</u>	Date Filed <u>July 14, 1952</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

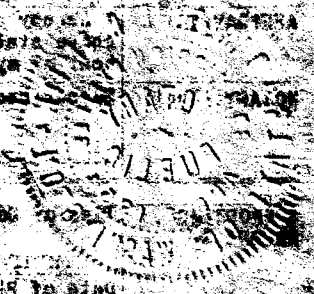
JUN 4 1952

DELAID CERTIFICATE OF BIRTH

STATE OF IOWA

1. Name of child [illegible]		2. Date of birth [illegible]	
3. Sex [illegible]		4. Place of birth [illegible]	
5. Name of father [illegible]		6. Name of mother [illegible]	
7. Name of hospital [illegible]		8. Name of physician [illegible]	
9. Name of county [illegible]		10. Name of state [illegible]	
11. Name of city [illegible]		12. Name of town [illegible]	
13. Name of village [illegible]		14. Name of precinct [illegible]	
15. Name of school [illegible]		16. Name of church [illegible]	
17. Name of other [illegible]		18. Name of other [illegible]	

JUL 5 1900



19. Name of father [illegible]		20. Name of mother [illegible]	
21. Name of father [illegible]		22. Name of mother [illegible]	
23. Name of father [illegible]		24. Name of mother [illegible]	
25. Name of father [illegible]		26. Name of mother [illegible]	
27. Name of father [illegible]		28. Name of mother [illegible]	
29. Name of father [illegible]		30. Name of mother [illegible]	
31. Name of father [illegible]		32. Name of mother [illegible]	
33. Name of father [illegible]		34. Name of mother [illegible]	
35. Name of father [illegible]		36. Name of mother [illegible]	
37. Name of father [illegible]		38. Name of mother [illegible]	
39. Name of father [illegible]		40. Name of mother [illegible]	
41. Name of father [illegible]		42. Name of mother [illegible]	
43. Name of father [illegible]		44. Name of mother [illegible]	
45. Name of father [illegible]		46. Name of mother [illegible]	
47. Name of father [illegible]		48. Name of mother [illegible]	
49. Name of father [illegible]		50. Name of mother [illegible]	
51. Name of father [illegible]		52. Name of mother [illegible]	
53. Name of father [illegible]		54. Name of mother [illegible]	
55. Name of father [illegible]		56. Name of mother [illegible]	
57. Name of father [illegible]		58. Name of mother [illegible]	
59. Name of father [illegible]		60. Name of mother [illegible]	
61. Name of father [illegible]		62. Name of mother [illegible]	
63. Name of father [illegible]		64. Name of mother [illegible]	
65. Name of father [illegible]		66. Name of mother [illegible]	
67. Name of father [illegible]		68. Name of mother [illegible]	
69. Name of father [illegible]		70. Name of mother [illegible]	
71. Name of father [illegible]		72. Name of mother [illegible]	
73. Name of father [illegible]		74. Name of mother [illegible]	
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79. Name of father [illegible]		80. Name of mother [illegible]	
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83. Name of father [illegible]		84. Name of mother [illegible]	
85. Name of father [illegible]		86. Name of mother [illegible]	
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89. Name of father [illegible]		90. Name of mother [illegible]	
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95. Name of father [illegible]		96. Name of mother [illegible]	
97. Name of father [illegible]		98. Name of mother [illegible]	
99. Name of father [illegible]		100. Name of mother [illegible]	

244-225-001-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. **De52- 3058**

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Spokane

(e) Mothers stay BEFORE delivery:
In THIS county years 10 months 16 days

4. FULL NAME OF CHILD

Ethel Maria Budden (Wheeler)

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida5. Date of Birth of Child (Month, day, year) May 25 1891

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Edmund Geo. Budden
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Wimbourne England
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Mary Mark
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Wimbourne England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature

M.D. Address
Midwife

Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Bro. in Law of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 61 years, and that Mr Bowers (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Floyd Allen Signature
Col. Allen, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of June, 1952

(SEAL) Sh. L. Shaffer Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 29, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 24 1952

SEP 17 1952

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D652- 3192
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Julia Kate Sears			2. Date (month) (day) (year) Of Birth August 29 1891		
	3. Color or Race White	4. Sex	5. Place of Birth a. County Bannock	b. City or Town of Birth Pocatello Idaho		
FATHER	6. Full Name of Father Hardy Sears			7. State or Country of Father's Birth Missouri		
MOTHER	8. Full Maiden Name of Mother Mary Alice Bridger			9. State or Country of Mother's Birth Iowa		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Julia Kate Cook</i>		11. Present Address of Registrant 1002 8th Street Rupert Idaho
NOTARY (Seal)	Subscribed and sworn to before me on <i>August 26 1952</i>			12. Signature of Notary <i>[Signature]</i>		13. Notary Commission expires <i>January 18 1956</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	Census record of 1900		Roy V. Peel	4/7/52	June 1, 1900
Class* <u>B</u>	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	8 yrs old	Idaho	Mary Sears		
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	Census record of 1910		Roy V. Peel	4/7/52	April 15, 1910
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	18 yrs old	Idaho	Mary A. Sears	Hardy Sears	
SUPPORTING RECORD 3.	Type of Document Affidavit from Woman's Benefit Association re membership, etc.		By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth Birth Place		Dorothy W. Needham, Sec.	8/18/52	Became member on Nov. 28, 1922
Class <u>B</u>	Aug. 29, 1891 Pocatello, Idaho		Full Name of Mother Mary A. Bridges	Name of Father Hardy Sears	

QUALIFYING
INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by Edna Hamilton	Date Filed Sept. 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

*Class A Records are those made and filed before the Registrar's fourth birthday.
Class B Records are those made after the fourth birthday and are at least a year old.

State Registrar	Witness reviewed by	Date filed
W. W. Benson	John Hamilton	Sept. 3, 1933

REMARKS
(a)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

QUALIFIED INFORMATION

Class B	18 yrs old	Idaho	Dorothy W. Hodgson	Sept 28 1933	Idaho	8 yrs old	Idaho	Class B
Record 2	18 yrs old	Idaho	Dorothy W. Hodgson	Sept 28 1933	Idaho	8 yrs old	Idaho	Record 2
Record 2	18 yrs old	Idaho	Dorothy W. Hodgson	Sept 28 1933	Idaho	8 yrs old	Idaho	Record 2

Class B

Class B	8 yrs old	Idaho	Boy V. Pool	June 1, 1900	Idaho	8 yrs old	Idaho	Class B
Record 2	8 yrs old	Idaho	Boy V. Pool	June 1, 1900	Idaho	8 yrs old	Idaho	Record 2
Record 2	8 yrs old	Idaho	Boy V. Pool	June 1, 1900	Idaho	8 yrs old	Idaho	Record 2

Class B

Class B	8 yrs old	Idaho	Boy V. Pool	June 1, 1900	Idaho	8 yrs old	Idaho	Class B
Record 2	8 yrs old	Idaho	Boy V. Pool	June 1, 1900	Idaho	8 yrs old	Idaho	Record 2
Record 2	8 yrs old	Idaho	Boy V. Pool	June 1, 1900	Idaho	8 yrs old	Idaho	Record 2

Class B

Class B	8 yrs old	Idaho	Boy V. Pool	June 1, 1900	Idaho	8 yrs old	Idaho	Class B
Record 2	8 yrs old	Idaho	Boy V. Pool	June 1, 1900	Idaho	8 yrs old	Idaho	Record 2
Record 2	8 yrs old	Idaho	Boy V. Pool	June 1, 1900	Idaho	8 yrs old	Idaho	Record 2

Class B

Class B	8 yrs old	Idaho	Boy V. Pool	June 1, 1900	Idaho	8 yrs old	Idaho	Class B
Record 2	8 yrs old	Idaho	Boy V. Pool	June 1, 1900	Idaho	8 yrs old	Idaho	Record 2
Record 2	8 yrs old	Idaho	Boy V. Pool	June 1, 1900	Idaho	8 yrs old	Idaho	Record 2

Class B

Class B	8 yrs old	Idaho	Boy V. Pool	June 1, 1900	Idaho	8 yrs old	Idaho	Class B
Record 2	8 yrs old	Idaho	Boy V. Pool	June 1, 1900	Idaho	8 yrs old	Idaho	Record 2
Record 2	8 yrs old	Idaho	Boy V. Pool	June 1, 1900	Idaho	8 yrs old	Idaho	Record 2

Class B

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3224
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Lois Irene Eynon				2. Date (month) (day) (year) July 20 1891	
	3. Color or Race White	4. Sex Female	5. Place of Birth Bingham	b. City or Town of Birth Victor, Idaho		
FATHER	6. Full Name of Father JOHN L. EYNON				7. State or Country of Father's Birth Utah	
MOTHER	8. Full Maiden Name of Mother Lois Ann Curtis				9. State or Country of Mother's Birth Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Lois I. Eynon Annis</i>	
NOTARY (Seal)	Subscribed and sworn to before me on 6th day of September 19 52				11. Present Address of Registrant Jackson, Wyoming	
	12. Signature of Notary <i>Anna J. Taylor</i>				13. Notary Commission expires August 1 19 56	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Genealogical Record		By whom issued and signed Family Record		Date issued	Date Orig. Entry July 20, 1891
	Date of Birth July 20, 1891	Birth Place Victor, Idaho	Full Name of Mother Lois Ann Curtis		Name of Father John L. Eynon	
SUPPORTING RECORD 2.	Type of Document Church Record		By whom issued and signed L. D. S. Church		Date issued Aug. 9, 1891	Date Orig. Entry
	Date of Birth July 20, 1891	Birth Place Victor, Idaho	Full Name of Mother Lois Ann Curtis		Name of Father John L. Eynon	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed <i>Marked by Benson</i>	Date Filed Sept. 9, 1952

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELETED CASE OF BIRTH

DATE OF BIRTH

State File No. 102-1234
Local Reg. No.
Reg. Dist. No.

1. Full Name of Father	2. Date of Birth	3. Place of Birth	4. Date of Birth	5. Date (Month)	6. Date (Year)
John J. Brown	1910	St. Louis, Mo.	1910	10	1910
7. State or County of Father's Birth	8. State or County of Mother's Birth	9. Signature of Registrar	10. Signature of Registrar	11. Present Address of Registrar	12. Name of Registrar
St. Louis, Mo.	St. Louis, Mo.	John J. Brown	John J. Brown	John J. Brown	John J. Brown



1. Full Name of Father	2. Date of Birth	3. Place of Birth	4. Date of Birth	5. Date (Month)	6. Date (Year)
John J. Brown	1910	St. Louis, Mo.	1910	10	1910
7. State or County of Father's Birth	8. State or County of Mother's Birth	9. Signature of Registrar	10. Signature of Registrar	11. Present Address of Registrar	12. Name of Registrar
St. Louis, Mo.	St. Louis, Mo.	John J. Brown	John J. Brown	John J. Brown	John J. Brown

1. Full Name of Father	2. Date of Birth	3. Place of Birth	4. Date of Birth	5. Date (Month)	6. Date (Year)
John J. Brown	1910	St. Louis, Mo.	1910	10	1910
7. State or County of Father's Birth	8. State or County of Mother's Birth	9. Signature of Registrar	10. Signature of Registrar	11. Present Address of Registrar	12. Name of Registrar
St. Louis, Mo.	St. Louis, Mo.	John J. Brown	John J. Brown	John J. Brown	John J. Brown

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3385
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>FRANK RUSSELL</u>					2. Date (month) (day) (year) Of Birth <u>DEC 31 1891</u>		
	3. Color or Race <u>WHITE</u>	4. Sex <u>MALE</u>	5. Place of Birth <u>CANYON Co - GEM</u>	a. County <u>Now</u>	b. City or Town of Birth <u>EMMETT IDAHO</u>			
FATHER	6. Full Name of Father <u>THOMAS RUSSELL</u>					7. State or Country of Father's Birth <u>IRELAND</u>		
MOTHER	8. Full Maiden Name of Mother <u>ELIZABETH JOSE</u>					9. State or Country of Mother's Birth <u>UTAH</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Frank Russell</u>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>Oct 18th 1952</u>					11. Present Address of Registrant <u>2524 WETMORE AVE. EVERETT WASH.</u>		
						12. Signature of Notary <u>[Signature]</u>		
						13. Notary Commission expires <u>May 21, '56</u>		

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>Family record</u>		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth <u>Dec. 31, 1891</u>	Birth Place <u>Emmett, Idaho</u>	Full Name of Mother		<u>Dec. 31, 1891</u>
SUPPORTING RECORD 2.	Type of Document <u>Application for Insurance</u>		By whom issued and signed <u>Idaho State Life Ins. Co.</u>	Date issued	Date Orig. Entry
	Date of Birth <u>Dec. 31, 1891</u>	Birth Place <u>Emmett, Idaho</u>	Full Name of Mother	<u>July 14, 1921</u>	<u>July 14, 1921</u>
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Edna Hamilton</u>	Date Filed <u>Oct. 22, 1952</u>	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELATED CERTIFICATE OF BIRTH STATE OF IOWA

Department of Public Health
Division of Vital Statistics
Iowa Building

State File No. 22-2-52
Local File No.
Reg. Dist. No.

1. Registrant's Full Name at Birth		2. Date of Birth		3. Place of Birth		4. Sex		5. Race		6. Color		7. Religion		8. Marital Status		9. Name of Mother		10. Name of Father		11. Date of Birth of Mother		12. Date of Birth of Father		13. Name of Mother at Birth		14. Name of Father at Birth		15. Date of Birth of Mother at Birth		16. Date of Birth of Father at Birth		17. Name of Mother at Birth		18. Name of Father at Birth		19. Date of Birth of Mother at Birth		20. Date of Birth of Father at Birth		21. Name of Mother at Birth		22. Name of Father at Birth		23. Date of Birth of Mother at Birth		24. Date of Birth of Father at Birth		25. Name of Mother at Birth		26. Name of Father at Birth		27. Date of Birth of Mother at Birth		28. Date of Birth of Father at Birth		29. Name of Mother at Birth		30. Name of Father at Birth		31. Date of Birth of Mother at Birth		32. Date of Birth of Father at Birth		33. Name of Mother at Birth		34. Name of Father at Birth		35. Date of Birth of Mother at Birth		36. Date of Birth of Father at Birth		37. Name of Mother at Birth		38. Name of Father at Birth		39. Date of Birth of Mother at Birth		40. Date of Birth of Father at Birth		41. Name of Mother at Birth		42. Name of Father at Birth		43. Date of Birth of Mother at Birth		44. Date of Birth of Father at Birth		45. Name of Mother at Birth		46. Name of Father at Birth		47. Date of Birth of Mother at Birth		48. Date of Birth of Father at Birth		49. Name of Mother at Birth		50. Name of Father at Birth		51. Date of Birth of Mother at Birth		52. Date of Birth of Father at Birth		53. Name of Mother at Birth		54. Name of Father at Birth		55. Date of Birth of Mother at Birth		56. Date of Birth of Father at Birth		57. Name of Mother at Birth		58. Name of Father at Birth		59. Date of Birth of Mother at Birth		60. Date of Birth of Father at Birth		61. Name of Mother at Birth		62. Name of Father at Birth		63. Date of Birth of Mother at Birth		64. Date of Birth of Father at Birth		65. Name of Mother at Birth		66. Name of Father at Birth		67. Date of Birth of Mother at Birth		68. Date of Birth of Father at Birth		69. Name of Mother at Birth		70. Name of Father at Birth		71. Date of Birth of Mother at Birth		72. Date of Birth of Father at Birth		73. Name of Mother at Birth		74. Name of Father at Birth		75. Date of Birth of Mother at Birth		76. Date of Birth of Father at Birth		77. Name of Mother at Birth		78. Name of Father at Birth		79. Date of Birth of Mother at Birth		80. Date of Birth of Father at Birth		81. Name of Mother at Birth		82. Name of Father at Birth		83. Date of Birth of Mother at Birth		84. Date of Birth of Father at Birth		85. Name of Mother at Birth		86. Name of Father at Birth		87. Date of Birth of Mother at Birth		88. Date of Birth of Father at Birth		89. Name of Mother at Birth		90. Name of Father at Birth		91. Date of Birth of Mother at Birth		92. Date of Birth of Father at Birth		93. Name of Mother at Birth		94. Name of Father at Birth		95. Date of Birth of Mother at Birth		96. Date of Birth of Father at Birth		97. Name of Mother at Birth		98. Name of Father at Birth		99. Date of Birth of Mother at Birth		100. Date of Birth of Father at Birth	
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REGISTRATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing record.

State Registrar
Date Registered
Evidence reviewed by
Date Filed
-66- 20- 1000

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De52-3404
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Mary Josephine Rabideau</u>				2. Date of Birth (month) (day) (year) <u>June 7 1891</u>			
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Huston</u>		a. County <u>Custer</u>			
FATHER	6. Full Name of Father <u>Joseph Rabideau (Rabido)</u>				b. City or Town of Birth <u>Huston (now Mackay), Idaho</u>			
MOTHER	8. Full Maiden Name of Mother <u>Mary Abigail McAndrews</u>				7. State or Country of Father's Birth <u>Montreal, Canada</u>			
AFFIDAVIT	9. State or Country of Mother's Birth <u>Butte, Montana, USA</u>				11. Present Address of Registrant <u>1425 Sixth Avenue, Greeley, Colorado</u>			
NOTARY (Seal)	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Mary Josephine McAndrews</u>			
	Subscribed and sworn to before me on <u>July 19, 1952</u>				12. Signature of Notary <u>[Signature]</u>			
				13. Notary Commission expires <u>My Commission expires January 14, 1954</u>				

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Application for Insurance</u>		By whom issued and signed <u>Metropolitan Life Insurance</u>		Date issued	Date Orig. Entry <u>1-31-1938</u>
	Date of Birth <u>June 7, 1891</u>	Birth Place <u>Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document <u>Census Record</u>		By whom issued and signed <u>Department of Commerce Bureau of the Census</u>		Date issued	Date Orig. Entry <u>1900 Census</u>
	Date of Birth <u>8 yrs old</u>	Birth Place <u>Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>Affidavit by mother</u>		By whom issued and signed <u>Mary U. Rabideau</u>		Date issued	Date Orig. Entry <u>Aug. 27, 1952</u>
	Date of Birth <u>June 7, 1891</u>	Birth Place <u>Huston, Idaho</u>	Full Name of Mother <u>Mary U. Rabideau</u>		Name of Father <u>Joseph Rabideau</u>	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>[Signature]</u>	Date Filed <u>Oct. 28, 1952</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

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1947 OCT 22 1947
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

1-31-1971	Date Issued	1-31-1971
1-31-1971	Date of Expiration	1-31-1971

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-10-2001 BY 60322 UCBAW

[illegible]

Date Issued	June 27, 1968
Name of Patient	JAMES EARL RAY
Date Issued	June 27, 1968
Name of Patient	JOSEPH ELLIOTT

[illegible][illegible]

Division of Vital Statistics for this
and estimates the facts as set forth in the

Date Filed
JUL 25, 1962

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JUN 16 1960
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

TO : DIRECTOR, FBI
FROM : SAC, NEW YORK (100-388610)
SUBJECT: [REDACTED]
RE: [REDACTED]

100-388610-100

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-16-2001 BY 60322 UCBAW

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-131-022-693
United States
Department of Commerce
Bureau of the Census
(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO
State File No. De52-3409
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Framont (b) City Teton City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Private home, Sarah A. McKinlay
(e) Mothers stay **BEFORE** delivery:
In THIS county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 67 yrs.

3. **RESIDENCE OF FATHER** (city, state) Teton City, Ida
5. Date of Birth of Child
(Month, day, year) Dec 31, 1891

4. **FULL NAME OF CHILD** George Hamilton McKinlay
6 Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Jim J. McKinlay
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Berkshire, Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Sarah A. Willey
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Mendon, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at (?) A M. on the date and at the place stated above, and that personal particulars were furnished by Sarah A. McKinlay who is related as mother (Mother, etc.) (First name) (Last name)
25. Attendant's OWN signature Annie E. Hansen Midwife Address Teton City Idaho Date Dec 31 1891

AFFIDAVIT
State of Idaho County of Madison ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that (First name) (Last name), who attended this birth. _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Signature
P. O. Address
_____, 19_____
Subscribed and sworn to before me this _____ day of _____, 19_____
(Notary Public, residing at _____)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on Oct. 29, 1952 by W. W. Benson, Registrar

OCT 29 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3481
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Charles Marversley Buck			2. Date (month) (day) (year) Birth January 27 1891	
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Willow Creek Precinct Bingham	b. City or Town of Birth Willow Creek Precinct, Idaho	
FATHER	6. Full Name of Father John Heald Buck			7. State or Country of Father's Birth Connecticut	
MOTHER	8. Full Maiden Name of Mother Fannie Elizabeth Plant			9. State or Country of Mother's Birth Salt Lake City, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Chas M. Buck</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Sep. 5</i> 19 <i>52</i>			11. Present Address of Registrant Route #2, Idaho Falls, Idaho	
	12. Signature of Notary <i>John Teubner</i>			13. Notary Commission expires NOTARY PUBLIC IDAHO FALLS, IDAHO 19 _____ MY COMM. EXPI. 9-1-54	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document Census Record		By whom issued and signed Department of Commerce Bureau of the Census		Date issued 1910 Census
	Date of Birth 17 yrs old	Birth Place Idaho	Full Name of Mother		Name of Father
Class* B					
SUPPORTING RECORD 2-	Type of Document Honorable Discharge		By whom issued and signed U. S. Army		Date issued Dec. 10, 1918
	Date of Birth 27 yrs 7 mo	Birth Place Idaho Falls, Idaho	Full Name of Mother		Name of Father
Class B					
SUPPORTING RECORD 3-	Type of Document Operator's License		By whom issued and signed State of Idaho		Date issued 8-14-50
	Date of Birth Jan. 27, 1891	Birth Place	Full Name of Mother		Name of Father
Class B					

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>W. W. Benson</i>	Date Filed Nov. 21, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-14-2010 BY 60322 UCBAW

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

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THE UNIVERSITY OF CHICAGO

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De52-3492
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Helva Mary Dayley</u>				2. Date (month) (day) (year) <u>July 25 1891</u>	
	3. Color or Race <u>White</u>	4. Sex <u>F</u>	5. Place of Birth <u>Basin, Idaho</u>	6. City or Town of Birth <u>Basin, Idaho</u>		
FATHER	6. Full Name of Father <u>John William Dayley</u>				7. State or Country of Father's Birth <u>Granetville, Utah</u>	
MOTHER	8. Full Maiden Name of Mother <u>Henrietta Martindale</u>				9. State or Country of Mother's Birth <u>Granetville, Utah</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Helva Mary Davidson</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Nov. 24 1952</u>				11. Present Address of Registrant <u>Boise, Idaho</u>	
	12. Signature of Notary <u>[Signature]</u>				13. Notary Commission expires <u>Nov. 17 1955</u>	

APPLICANT-- DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document		By whom issued and signed		Date issued
	Certificate of Baptism		L. D. S. Church		Baptised
Class* <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father
	July 25, 1891	Basin, Idaho	Henrietta Martindale		John W. Dayley
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed		Date issued
	Family Group Record		L. D. S. Church		Date Orig. Entry
Class <u>A</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father
	July 25, 1891	Basin, Idaho	Henrietta Martindale		John William Dayley
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued
					Date Orig. Entry
Class _____	Date of Birth	Birth Place	Full Name of Mother		Name of Father

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>[Signature]</u>	Date Filed <u>Nov. 24, 1952</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1871
Birth
State of Texas
County of Tarrant
City of Fort Worth
Name of Father
John W. Taylor
Date of Birth
July 25, 1911
Name of Mother
Mary Taylor
Date of Birth
July 25, 1911

NOV 25 1911
Birth
State of Texas
County of Tarrant
City of Fort Worth
Name of Father
John W. Taylor
Date of Birth
July 25, 1911
Name of Mother
Mary Taylor
Date of Birth
July 25, 1911

RECEIVED
OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS
NOV 25 1911

Birth
State of Texas
County of Tarrant
City of Fort Worth
Name of Father
John W. Taylor
Date of Birth
July 25, 1911
Name of Mother
Mary Taylor
Date of Birth
July 25, 1911

Birth
State of Texas
County of Tarrant
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Name of Father
John W. Taylor
Date of Birth
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Birth
State of Texas
County of Tarrant
City of Fort Worth
Name of Father
John W. Taylor
Date of Birth
July 25, 1911
Name of Mother
Mary Taylor
Date of Birth
July 25, 1911

RECEIVED
OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS
NOV 25 1911

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-96
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>ADA</u> (b) City <u>STAR</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>AT HOME OF PARENTS</u> (e) Mothers stay <u>BEFORE</u> delivery: In <u>THIS</u> county <u>14</u> years <u>6</u> months <u>21</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>ADA</u> (c) City <u>STAR</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>70</u> yrs.	
4. FULL NAME OF CHILD <u>LAWSON HILL</u>		5. Date of Birth of Child (Month, day, year) <u>7-27-1891</u>	
6 Sex <u>MALE</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>
9. Legitimate? <u>YES</u>			
10. FULL NAME <u>HENRY HILL</u>		16. FULL MAIDEN NAME <u>LUCRETIA SECOR</u>	
11. Color or Race <u>WHITE</u>	12. Age at time of THIS birth <u>54</u> yrs.	17. Color or Race <u>WHITE</u>	18. Age at time of THIS birth <u>44</u> yrs.
13. Birthplace <u>NASHVILLE, TENN.</u> (City or town) (State or foreign country)	19. Birthplace <u>COTTONWOOD, POINT, MO.</u> (City or town) (State or foreign country)	20. Exact Occupation <u>HOUSEWIFE</u>	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 10 A.M. on the date 3-17-49 and at the place stated above, and that personal particulars were furnished by MAUD LAWRENCE who is related as SISTER
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Maud Lawrence Address BOISE, IDAHO. Date 3-17-49
Midwife

State of _____ } ss. **AFFIDAVIT**
County of _____ } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth, _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-ed under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.
(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 29, 1953 by W. W. Benson, Registrar

JAN 30 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

REGISTRANT		1. Registrant's Full Name at Birth		2. Date of Birth		(month) (day) (year)	
(Person whose Birth is being registered)		<u>Helena Maria Anderson</u>		<u>Nov.</u>		<u>17 1891</u>	
3. Color or Race		4. Sex		5. Place of Birth		a. County	
<u>White</u>				<u>Eagle Rock</u>		<u>Bingham Co.</u>	
6. Full Name of Father		7. State or Country of Father's Birth		b. City or Town of Birth			
<u>Ludwig Anderson</u>		<u>Sweden</u>		<u>Eagle Rock, Idaho</u>			
8. Full Maiden Name of Mother		9. State or Country of Mother's Birth					
<u>Anna Regina Elg</u>		<u>Sweden</u>					
AFFIDAVIT		I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant		11. Present Address of Registrant	
				<u>Helen M. Anderson Lindquist</u>		<u>318 W. 14th St. Idaho Falls, Ida.</u>	
NOTARY (Seal)		Subscribed and sworn to before me on		12. Signature of Notary		13. Notary Commission expires	
		<u>April 17 1953</u>		<u>Helen L. Anderson</u>		<u>July 28 1955</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE			
SUPPORTING RECORD 1.	Type of Document		By whom issued and signed
	<u>Certificate of Baptism</u>		<u>John Dawson Miss, Pastor</u>
Class* <u>A</u>	Date of Birth	Birth Place	Full Name of Mother
			<u>Anna Anderson</u>
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed
	<u>Census Record</u>		<u>Department of Commerce Bureau of the Census</u>
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother
	<u>Nov. 1891</u> <u>8 yrs old</u>	<u>Idaho</u>	<u>Anna and Ludwig Anderson</u>
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed
Class _____	Date of Birth	Birth Place	Full Name of Mother
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION			
(seal)			
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		Evidence reviewed by	
State Registrar		Date Filed	
<u>W. W. Benson</u>		<u>April 20, 1953</u>	

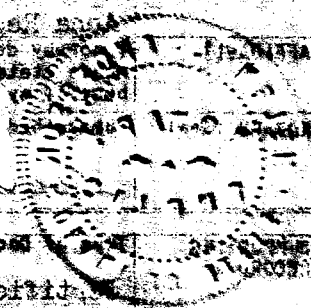
*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

CERTIFICATE OF BIRTH

APR 18 1933

DIVISION OF VITAL RECORDS

State File No. _____ Local Reg. No. _____ Reg. Dist. No. _____		Date of Birth _____ Time of Birth _____ Place of Birth _____	
Name of Child _____ Sex _____ Color _____		Name of Mother _____ Name of Father _____ Name of Grandfather _____	
Name of Registrar _____ Signature of Registrar _____ Date of Registration _____		Name of Registrar _____ Signature of Registrar _____ Date of Registration _____	
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Name of Registrar _____ Signature of Registrar _____ Date of Registration _____		Name of Registrar _____ Signature of Registrar _____ Date of Registration _____	



APR 18 1933

APR 18 1933

APR 18 1933

DECEASED
STATE OF IDAHO

State File No. De53-560
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth PHILLIP JEANNERET			2. Date (month) (day) (year) December 25, 1891	
	3. Color or Race white	4. Sex male	5. Place of Birth a. County Kootenai		b. City or Town of Birth Coeur d'Alene, Idaho
FATHER	6. Full Name of Father Numa Jeanneret			7. State or Country of Father's Birth Switzerland	
MOTHER	8. Full Maiden Name of Mother Emma Staley			9. State or Country of Mother's Birth Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Phillip Jeanneret</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Oct. 22</i> 1956			11. Present Address of Registrant Blue Creek, Washington	
				12. Signature of Notary <i>John Jeanneret</i>	
			13. Notary Commission expires <i>Sept. 22</i> 1957		

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1- Class* B	Type of Document Census Record		By whom issued and signed Department of Commerce Bureau of the Census		Date issued Census of 1920
	Date of Birth 28 yrs old	Birth Place Idaho	Full Name of Mother		Name of Father
SUPPORTING RECORD 2- Class B	Type of Document Census Record		By whom issued and signed Department of Commerce Bureau of the Census		Date issued Census of 1910
	Date of Birth 18 yrs old	Birth Place Idaho	Full Name of Mother Emma Jeanneret		Name of Father Numa Jeanneret
SUPPORTING RECORD 3- Class B	Type of Document Affidavit by brother		By whom issued and signed John Jeanneret		Date issued October 22, 1956
	Date of Birth 12-25-1891	Birth Place Coeur d'Alene, Ida.	Full Name of Mother Emma Staley		Name of Father Numa Jeanneret

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by Verna Wilson	Date Filed Oct. 30, 1956

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-614
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Walter Cullen</u>				2. Date (month) (day) (year) Of Birth <u>March</u> <u>3</u> <u>1891</u>	
	3. Color or Race <u>white</u>	4. Sex <u>male</u>	5. Place of Birth <u>Gr. Idaho</u>	a. County <u>Owyhee</u>	b. City or Town of Birth <u>Grandview</u>	
FATHER	6. Full Name of Father <u>Fred Cullen</u>				7. State or Country of Father's Birth <u>Illinois</u>	
MOTHER	8. Full Maiden Name of Mother <u>Lilly Turmes</u>				9. State or Country of Mother's Birth <u>Paris, France</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Walter Cullen</u>		11. Present Address of Registrant <u>1129 N. 85th St. Seattle 3, Washington</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>19th of May, 1953</u>			12. Signature of Notary <u>W.E. Campbell</u>		13. Notary Commission expires <u>April 5/56</u> 19 <u>56</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Affidavit by mother</u>		By whom issued and signed <u>Lilly Turmes Cullen</u>		Date issued <u>May 14, 1953</u>	Date Orig. Entry
	Date of Birth <u>Mch 3, 1891</u>	Birth Place <u>Grandview, Idaho</u>	Full Name of Mother		Name of Father <u>Fred Cullen</u>	
SUPPORTING RECORD 2-	Type of Document <u>Affidavit</u>		By whom issued and signed <u>William Turner</u>		Date issued <u>Apr. 20, 1953</u>	Date Orig. Entry
	Date of Birth <u>Mch. 3, 1891</u>	Birth Place <u>Grandview, Idaho</u>	Full Name of Mother <u>Lilly Turmes Cullen</u>		Name of Father <u>Fred Cullen</u>	
SUPPORTING RECORD 3-	Type of Document <u>Union Lodge Record</u>		By whom issued and signed <u>International Assoc. of Machinists, Hope Lodge #79</u>		Date issued <u>Sept. 20, 1943</u>	Date Orig. Entry
	Date of Birth <u>Mch. 3, 1891</u>	Birth Place <u>Grandview, Idaho</u>	Full Name of Mother <u>Seattle, Wash.</u>		Name of Father	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Walter F. Edson</u>			Date Filed <u>June 15, 1953</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAVER CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Baltimore, Maryland

State of Delaware
County of Kent
Date of Birth
March 3, 1922

State of Delaware
County of Kent
Date of Birth
March 3, 1922

State of Delaware
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Date of Birth
March 3, 1922



REGISTRATION
CERTIFICATE
The following information was obtained from the records of the Division of Vital Statistics for the year 1922:

State Registrar
W. H. Benson
Date Filed
June 15, 1922

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De53-621
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth HARVEY JAMES WHITESIDE			2. Date (month) (day) (year) Feb. 28th 1891	
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Nezperce	b. City or Town of Birth Moscow, Idaho.	
FATHER	6. Full Name of Father WILLIAM B. WHITESIDE			7. State or Country of Father's Birth San Francisco, Cal.	
MOTHER	8. Full Maiden Name of Mother MARY JANET WHITINGER			9. State or Country of Mother's Birth Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Harvey James Whiteside</i>	
NOTARY (Seal)	Subscribed and sworn to before me on June 9th 19 53			11. Present Address of Registrant 3627A 17th St. S.F. Cal	
				12. Signature of Notary <i>E. J. Barrett</i>	
				13. Notary Commission expires October 25th 19 56	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Certificate of Baptism	St. Stephen's Parish House	Baptized	Sept. 10, 1899
Class* <u>B</u>	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	Feb. 28, 1891, Moscow, Idaho		Mary Janet Calif. and	William B. Whiteside
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Employment record	Langendorf United Bakeries Inc. Berkeley, Calif.		July 13, 1937
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	Feb. 28, 1891, Moscow, Idaho			
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Insurance Policy	Banker's Life Insurance Co.		Sept. 23, 1921
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	Feb. 28, 1891, Idaho			

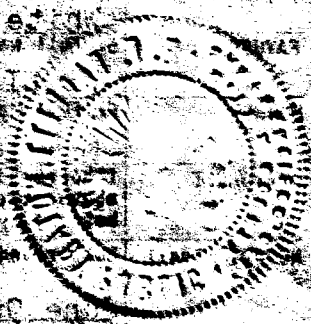
QUALIFYING INFORMATION	

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>Mabel E. Hedges</i>	Date Filed June 17, 1953

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DECLARATION OF BIRTH STATE OF ILLINOIS

JUN 1 1931



Date of Birth: 1931
 Date of Declaration: 1931
 Name of Child: [illegible]
 Sex: [illegible]
 Place of Birth: [illegible]
 Name of Father: [illegible]
 Name of Mother: [illegible]
 Address: [illegible]
 City: [illegible]
 State: [illegible]
 County: [illegible]
 Name of Registrar: [illegible]
 Signature: [illegible]
 Date: 1931

I, the undersigned, being a resident of the State of Illinois, do hereby certify that the foregoing is a true and correct copy of the original record of birth as the same appears in the records of the Department of Public Health of the State of Illinois.

RECORD 1	RECORD 2	RECORD 3	RECORD 4
<p> Date of Birth: 1931 Name of Child: [illegible] Sex: [illegible] Place of Birth: [illegible] Name of Father: [illegible] Name of Mother: [illegible] Address: [illegible] City: [illegible] State: [illegible] County: [illegible] Name of Registrar: [illegible] Signature: [illegible] Date: 1931 </p>	<p> Date of Birth: 1931 Name of Child: [illegible] Sex: [illegible] Place of Birth: [illegible] Name of Father: [illegible] Name of Mother: [illegible] Address: [illegible] City: [illegible] State: [illegible] County: [illegible] Name of Registrar: [illegible] Signature: [illegible] Date: 1931 </p>	<p> Date of Birth: 1931 Name of Child: [illegible] Sex: [illegible] Place of Birth: [illegible] Name of Father: [illegible] Name of Mother: [illegible] Address: [illegible] City: [illegible] State: [illegible] County: [illegible] Name of Registrar: [illegible] Signature: [illegible] Date: 1931 </p>	<p> Date of Birth: 1931 Name of Child: [illegible] Sex: [illegible] Place of Birth: [illegible] Name of Father: [illegible] Name of Mother: [illegible] Address: [illegible] City: [illegible] State: [illegible] County: [illegible] Name of Registrar: [illegible] Signature: [illegible] Date: 1931 </p>

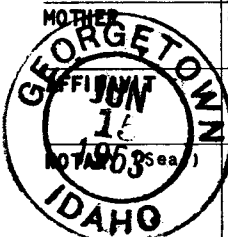


Date Filed: June 17, 1931
 Signature: [illegible]
 Date: 1931

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-626
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Alice Tippetts</u>				2. Date (month) (day) (year) Of Birth <u>Feb.</u> <u>16</u> <u>1891</u>	
	3. Color or Race <u>White</u>	4. Sex <u>F</u>	5. Place of Birth a. County <u>Georgetown, Bear Lake, Ida.</u>		b. City or Town of Birth <u>Georgetown, Idaho</u>	
FATHER	6. Full Name of Father <u>Joseph William Tippetts</u>				7. State or Country of Father's Birth <u>Brigham City, Utah</u>	
MOTHER	8. Full Maiden Name of Mother <u>Ellen Rosenbaum</u>				9. State or Country of Mother's Birth <u>Brigham City, Utah</u>	
I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Alice Tippetts Black</u>		11. Present Address of Registrant <u>Georgetown, Idaho</u>
Subscribed and sworn to before me on <u>June 15, 1953</u> 19 <u>53</u>				12. Signature of Notary <u>Lloyd M. Knight</u> <u>Postmaster</u>		13. Notary Commission expires _____ 19 <u>53</u>



APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Certificate of Blessing</u>		By whom issued and signed <u>L. D. S. Church</u>	Date issued <u>Blessed</u>	Date Orig. Entry <u>June 1891</u>
	Date of Birth <u>Feb. 16, 1891</u>	Birth Place <u>Georgetown, Idaho</u>	Full Name of Mother <u>Ellen Rosenbaum</u>	Name of Father <u>Joseph William Tippetts</u>	
SUPPORTING RECORD 2-	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>L. D. S. Church</u>	Date issued <u>Baptized</u>	Date Orig. Entry <u>Sept. 30, 1899</u>
	Date of Birth <u>Feb. 16, 1891</u>	Birth Place <u>Georgetown, Idaho</u>	Full Name of Mother <u>Ellen Rosenbaum</u>	Name of Father <u>Joseph William Tippetts</u>	
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>			Evidence reviewed by <u>Mabel E. Eason</u>	Date Filed <u>June 18, 1953</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAWARE STATE OF DELAWARE DELAWARE STATE OF DELAWARE

1. Name of child at birth	2. Sex of child	3. Date of birth	4. Place of birth
5. Name of mother	6. Name of father	7. Date of marriage	8. Place of marriage
9. Name of mother at birth	10. Name of father at birth	11. Date of birth of mother	12. Place of birth of mother
13. Name of father at birth	14. Date of birth of father	15. Place of birth of father	16. Name of mother at birth
17. Name of father at birth	18. Date of birth of father	19. Place of birth of father	20. Name of mother at birth



1. Name of child at birth	2. Sex of child	3. Date of birth	4. Place of birth
5. Name of mother	6. Name of father	7. Date of marriage	8. Place of marriage
9. Name of mother at birth	10. Name of father at birth	11. Date of birth of mother	12. Place of birth of mother
13. Name of father at birth	14. Date of birth of father	15. Place of birth of father	16. Name of mother at birth
17. Name of father at birth	18. Date of birth of father	19. Place of birth of father	20. Name of mother at birth



1. Name of child at birth	2. Sex of child	3. Date of birth	4. Place of birth
5. Name of mother	6. Name of father	7. Date of marriage	8. Place of marriage
9. Name of mother at birth	10. Name of father at birth	11. Date of birth of mother	12. Place of birth of mother
13. Name of father at birth	14. Date of birth of father	15. Place of birth of father	16. Name of mother at birth
17. Name of father at birth	18. Date of birth of father	19. Place of birth of father	20. Name of mother at birth

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De53 938
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Chauncy Emory Stroud</u>				2. Date (month) (day) (year) Of Birth <u>May</u> <u>26</u> <u>1891</u>	
	3. Color or Race <u>white</u>	4. Sex <u>male</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Lemhi</u>	b. City or Town of Birth <u>Salmon</u>	
FATHER	6. Full Name of Father <u>Thomas J. Stroud</u>				7. State or Country of Father's Birth <u>Missouri</u>	
MOTHER	8. Full Maiden Name of Mother <u>Sarah Gertrude Reddington</u>				9. State or Country of Mother's Birth <u>Missouri</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Chauncy Emory Stroud</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>August 11, 1953</u>				11. Present Address of Registrant <u>SALMON, IDAHO.</u>	
	12. Signature of Notary <u>Charles Herndon</u>				13. Notary Commission expires <u>February 14, 1955</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

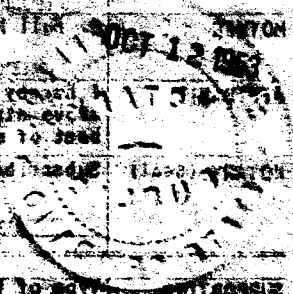
SUPPORTING RECORD 1- Class <u>B</u>	Type of Document <u>Affidavit by father</u>		By whom issued and signed <u>Thomas J. Stroud</u>	Date issued <u>Aug. 11, 1953</u>	Date Orig. Entry
	Date of Birth <u>May 26, 1891</u>	Birth Place <u>Salmon, Idaho</u>	Full Name of Mother <u>Sarah Gertrude Reddington</u>	Name of Father <u>Thomas J. Stroud</u>	
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document <u>Affidavit by mother</u>		By whom issued and signed <u>Sarah Gertrude Stroud</u>	Date issued <u>Aug. 11, 1953</u>	Date Orig. Entry
	Date of Birth <u>May 26, 1891</u>	Birth Place <u>Salmon, Idaho</u>	Full Name of Mother <u>Sarah Gertrude Reddington</u>	Name of Father <u>Thomas J. Stroud</u>	
SUPPORTING RECORD 3- Class <u>B</u>	Type of Document <u>Extract of Application to Grange Mutual Life Nampa, Policy No. 122</u>		By whom issued and signed <u>Charles Herndon, Notary Public</u>	Date issued <u>10/2/53</u>	Date Orig. Entry <u>on June 7, 1937</u>
	Date of Birth <u>May 26, 1891</u>	Birth Place <u>Idaho</u>	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Edna Hamilton</u>	Date Filed <u>October 5, 1953</u>	

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF VITAL STATISTICS

State of Illinois, County of Cook, City of Chicago, Birth of [Name], [Date], [Time], [Place].

1. Full Name of Father [Name]		2. Full Name of Mother [Name]	
3. State or County of Father's Birth [State]		4. State or County of Mother's Birth [State]	
5. Present Address of Registrant [Address]		6. Signature of Registrant [Signature]	
7. Date of Birth [Date]		8. Time of Birth [Time]	
9. Place of Birth [Place]		10. Name of Doctor [Name]	
11. Name of Father [Name]		12. Name of Mother [Name]	
13. Date Issued [Date]		14. By whom issued and signed [Signature]	
15. Name of Father [Name]		16. Name of Mother [Name]	
17. Date Issued [Date]		18. By whom issued and signed [Signature]	
19. Name of Father [Name]		20. Name of Mother [Name]	
21. Date Issued [Date]		22. By whom issued and signed [Signature]	
23. Name of Father [Name]		24. Name of Mother [Name]	



This certificate is to be filed in the Division of Vital Statistics for the purpose of recording the birth of the child named herein. It is to be retained in the files of the Division of Vital Statistics for the purpose of furnishing information to the public.

Date Issued: [Date]
 By whom issued and signed: [Signature]
 Name of Father: [Name]
 Name of Mother: [Name]

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Sophrona Simons</i>				2. Date (month) (day) (year) Of Birth <i>July 26 1891</i>			
	3. Color or Race <i>white</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Fairview</i>	a. County <i>Oneida</i>	b. City or Town of Birth <i>Fairview, Idaho</i>			
FATHER	6. Full Name of Father <i>Joseph Simons</i>				7. State or Country of Father's Birth <i>Boauntiful, Utah</i>			
MOTHER	8. Full Maiden Name of Mother <i>Sarah E. Fluitt</i>				9. State or Country of Mother's Birth <i>Boauntiful, Utah</i>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Sophrona Ames</i>		11. Present Address of Registrant <i>394 Warren Ave Pocatello Idaho</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>August 20th 1953</i>				12. Signature of Notary <i>Charles W. Shanklin</i>		13. Notary Commission expires <i>Dec 4th 1955</i>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document <i>Church record</i>		By whom issued and signed <i>L. D. S. Church, by Joseph Fielding Smith</i>	Date issued <i>7/20/53</i>	Date Orig. Entry <i>First entered on Record June 3, 1900</i>
	Date of Birth <i>July 26, 1891</i>	Birth Place <i>Fairview, Idaho</i>	Full Name of Mother <i>Sarah E. Fluitt</i>	Name of Father <i>Joseph Simons</i>	
SUPPORTING RECORD 2-	Type of Document <i>Letter re application for insurance</i>		By whom issued and signed <i>Gem State Mutual Associations H. Ralph Stephenson, Secretary</i>	Date issued <i>6/5/53</i>	Date Orig. Entry <i>Application dated Oct. 23, 1939</i>
	Date of Birth <i>July 26, 1891</i>	Birth Place <i></i>	Full Name of Mother <i></i>	Name of Father <i></i>	
SUPPORTING RECORD 3-	Type of Document <i>Baptismal record</i>		By whom issued and signed <i>L. D. S. Church, by Ella R. Jack, Custodian</i>	Date issued <i>10/1/53</i>	Date Orig. Entry <i>Baptized on June 3, 1900</i>
	Date of Birth <i>July 26, 1891</i>	Birth Place <i>Fairview, Idaho</i>	Full Name of Mother <i>Sarah E. Fluitt</i>	Name of Father <i>Joseph Simons</i>	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <i>Edna Hamilton</i>		Date Filed <i>Oct. 5, 1953</i>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-962
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>John William Johnson</u>				2. Date (month) (day) (year) of Birth <u>April</u> <u>3</u> <u>1891</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Moscow</u>		a. County <u>Latah</u>	
FATHER	6. Full Name of Father <u>Aron Johnson</u>				b. City or Town of Birth <u>Moscow, Idaho</u>	
MOTHER	8. Full Maiden Name of Mother <u>Mary Johnson</u> <i>maiden name also Johnson</i>				7. State or Country of Father's Birth <u>Sueden</u>	
AFRIDAVID	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				9. State or Country of Mother's Birth <u>Sueden</u>	
NOTARY (Seal)	10. Signature of Registrant <u>John William Johnson</u>				11. Present Address of Registrant <u>Box 237, Troy Ida</u>	
	12. Signature of Notary <u>[Signature]</u>				13. Notary Commission expires <u>8-1-</u> <u>1957</u>	
Subscribed and sworn to before me on <u>Oct 10-</u> <u>1953</u>						

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>Evangelisk Luthern Church</u>		Date issued <u>Baptized</u>	Date Orig. Entry <u>May 17, 1891</u>
	Date of Birth <u>Apr. 3, 1891</u>	Birth Place <u>Moscow, Idaho</u>	Full Name of Mother <u>Inga Maroe Johnson</u>		Name of Father <u>Aron Johnson</u>	
SUPPORTING RECORD 2	Type of Document <u>Honorable Discharge</u>		By whom issued and signed <u>United States Army</u>		Date issued <u>Feb. 19, 1919</u>	Date Orig. Entry <u></u>
	Date of Birth <u>27 yrs old</u>	Birth Place <u>Moscow, Idaho</u>	Full Name of Mother <u></u>		Name of Father <u></u>	
SUPPORTING RECORD 3	Type of Document <u></u>		By whom issued and signed <u></u>		Date issued <u></u>	Date Orig. Entry <u></u>
	Date of Birth <u></u>	Birth Place <u></u>	Full Name of Mother <u></u>		Name of Father <u></u>	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>[Signature]</u>	Date Filed <u>Oct. 14, 1953</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy pd

DEFERRED CERTIFICATE OF BIRTH

SEAL OF THE STATE

OCT 16 1933

1. Name of Child	2. Date of Birth	3. Place of Birth	4. State of Birth	5. Name of Father
6. Name of Mother	7. State of Country of Mother's Birth	8. State of Country of Birth	9. Name of Father	10. Name of Mother
11. Signature of Registrar	12. Signature of Notary	13. Signature of Father	14. Signature of Mother	15. Signature of Child

16. Name of Father	17. Name of Mother	18. Name of Child	19. Name of Father	20. Name of Mother
21. Name of Father	22. Name of Mother	23. Name of Child	24. Name of Father	25. Name of Mother

26. Name of Father	27. Name of Mother	28. Name of Child	29. Name of Father	30. Name of Mother
31. Name of Father	32. Name of Mother	33. Name of Child	34. Name of Father	35. Name of Mother

619-102-1040-2455
STATE OF IDAHO
CERTIFICATE OF BIRTH

State File No. De53 996
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Edward Bunyard Waite				2. Date (month) (day) (year) Of Birth April 2 1891	
	3. Color or Race White	4. Sex M	5. Place of Birth Idaho	a. County Shoshone	b. City or Town of Birth Wallace	
FATHER	6. Full Name of Father John Kellogg Waite				7. State or Country of Father's Birth New York	
MOTHER	8. Full Maiden Name of Mother Alice Bunyard				9. State or Country of Mother's Birth California	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Edward Bunyard Waite</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>October 27 1953</i>				11. Present Address of Registrant 1218 E. 61st -Seattle, Wn.	
	12. Signature of Notary <i>Norman F. Klein</i>				13. Notary Commission expires <i>July 31 1956</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1:	Type of Document Certificate of Registration for Voting		By whom issued and signed City of Seattle, Precinct No. 34, W.C. Thomas, City Comp.		Date issued
	Date of Birth 42 yrs old	Birth Place Idaho	Full Name of Mother		Date Orig. Entry Feb. 1, 1934
SUPPORTING RECORD 2:	Type of Document Application for Insurance		By whom issued and signed The Pacific Mutual Life		Date issued
	Date of Birth April 2, 1891	Birth Place Wallace, Idaho	Full Name of Mother		Date Orig. Entry Nov. 30, 1929
SUPPORTING RECORD 3:	Type of Document Affidavit re Genealogy of family published in the year 1907		By whom issued and signed Edward F. Waite, Uncle		Date issued
	Date of Birth April 2, 1891	Birth Place	Full Name of Mother		Date Orig. Entry April 21, 1953

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar W. W. Benson	Evidence reviewed by Edna Hamilton	Date Filed Oct. 29, 1953
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* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

OCT 16 1953

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Albert Miller			2. Date (month) (day) (year) Of Birth July 28- 1891	
	3. Color or Race White	4. Sex Male	5. Place of Birth Idaho	6. City or Town of Birth Grangeville, Idaho	
FATHER	6. Full Name of Father Henry Clay Miller			7. State or Country of Father's Birth Iowa Clinton	
MOTHER	8. Full Maiden Name of Mother Caroline Steany Schmadeka			9. State or Country of Mother's Birth Eugene, Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Albert Miller</i>	11. Present Address of Registrant Grangeville, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on <i>September 15 1953</i>			12. Signature of Notary <i>G. W. Webb</i>	13. Notary Commission expires <i>April 1 1954</i>

APPLICANT-- DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Application for Insurance		By whom issued and signed Great Western Mutual Assoc.		Date issued Nov. 25, 1936
	Date of Birth July 28, 1891	Birth Place Idaho	Full Name of Mother Caroline Steany Schmadeka		Name of Father Henry Clay Miller
SUPPORTING RECORD 2.	Type of Document Affidavit by an Aunt		By whom issued and signed Araminta Schmadeka		Date issued Oct. 13, 1953
	Date of Birth July 28, 1891	Birth Place Grangeville, Idaho	Full Name of Mother Caroline Steany Schmadeka		Name of Father Henry Clay Miller
SUPPORTING RECORD 3.	Type of Document Affidavit		By whom issued and signed William Hayworth Stilwell		Date issued 10/27/53
	Date of Birth July 28, 1891	Birth Place Grangeville, Idaho	Full Name of Mother Caroline Steany Schmadeka		Name of Father Henry Clay Miller
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by Edna Hamilton		Date Filed Nov. 2, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DATE OF BIRTH

STATE OF IDAHO

OCT 1 1953

Division of Vital Statistics
Boise, Idaho

DATE OF BIRTH
JULY 28 1951

DIVISION
VITAL

NAME
Albert Miller

RESIDENT
Boise, Idaho

Granville, Idaho

Idaho

Wife

3 1953

Henry Clay Miller

Caroline Stearns Schenck

DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

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DATE OF BIRTH

It is hereby certified that no prior birth certificate has been found in the Division of Vital Statistics for the said individual and that no other records have been located which would indicate the birth of the said individual.

DATE
Nov. 5, 1953

John Hamilton

W. E. Carson



OCT 6 1953

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth HARRY WILLIAM WALTON			2. Date (month) (day) (year) October 15 1891
	3. Color or Race White	4. Sex Male	5. Place of Birth Cassia	
FATHER	6. Full Name of Father Thomas Cowden Walton			7. State or Country of Father's Birth Pennsylvania
MOTHER	8. Full Maiden Name of Mother Helen Josephine Rathbone			9. State or Country of Mother's Birth Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>Harry William Walton</i>	11. Present Address of Registrant 424 Butler St. Grass Valley, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on October 3rd, 19 53		12. Signature of Notary <i>John J. Hodge</i>	13. Notary Commission expires August 13 19 56

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1- Class <u>B</u>	Type of Document Affidavit by older brother	By whom issued and signed Jesse E. Walton	Date issued 9/15/53	Date Orig. Entry
	Date of Birth Oct. 15, 1891	Birth Place Albion, Idaho	Full Name of Mother Helen Josephine Rathbone	Name of Father Thomas Cowden Walton
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document School census record	By whom issued and signed Cassia County Schools, Alton Martindale, Business Manager	Date issued 10/21/53	Date Orig. Entry School census of 1913
	Date of Birth Oct. 15, 1891	Birth Place Albion, Idaho	Full Name of Mother Helen Josephine Rathbone	Name of Father Thomas Cowden Walton
SUPPORTING RECORD 3- Class <u>B</u>	Type of Document Affidavit by	By whom issued and signed Wesley Elern Walton, 75 yrs old S. pt. 21,	Date issued 1953	Date Orig. Entry
	Date of Birth Oct. 15, 1891	Birth Place Albion, Idaho	Full Name of Mother Helen Josephine Rathbone	Name of Father Thomas Cowden Walton

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar W. W. Benson	Evidence reviewed by Edna Hamilton	Date Filed Nov. 9, 1953
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*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>DAVID SHEPHERD</u>				2. Date of Birth Month <u>September</u> (day) <u>5</u> (year) <u>1891</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth a. County <u>BEAR LAKE</u>		b. City or Town of Birth <u>PARIS</u>	
FATHER	6. Full Name of Father <u>Joseph Russell SHEPHERD</u>				7. State or Country of Father's Birth <u>Brockenhurst, England</u>	
MOTHER	8. Full Maiden Name of Mother <u>Rose BUDGE</u>				9. State or Country of Mother's Birth <u>Utah</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>David Shepherd</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Nov 13</u> 19 <u>53</u>				11. Present Address of Registrant, <u>Mendocino Park, California</u>	
					12. Signature of Notary <u>[Signature]</u>	
					13. Notary Commission expires <u>May 29 1955</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* <u>B</u>	Type of Document <u>Church Record</u>		By whom issued and signed <u>L. D. S. Church</u>	Date issued <u>11/2/53</u>	Date Orig. Entry Entered on record <u>Sept. 3, 1899</u>
	Date of Birth <u>Sept. 5, 1891</u>	Birth Place <u>Paris, Idaho</u>	Full Name of Mother <u>Rose Budge</u>	Name of Father <u>Joseph R. Shepherd</u>	
SUPPORTING RECORD 2. Class <u>B</u>	Type of Document <u>University enrollment record</u>		By whom issued and signed <u>Stanford University, by Adelaide Palmer, Recorder</u>	Date issued <u>11/11/53</u>	Date Orig. Entry <u>June 1920</u>
	Date of Birth <u>Sept. 5, 1891</u>	Birth Place <u>Paris, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class <u>B</u>	Type of Document <u>Application for Insurance</u>		By whom issued and signed <u>Inter-Mountain Life Ins. Co.</u>	Date issued <u>June 9, 1919</u>	Date Orig. Entry
	Date of Birth <u>Sept. 5, 1891</u>	Birth Place <u>Paris, Idaho</u>	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar		Evidence reviewed by	Date Filed	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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ALL INFORMATION CONTAINED
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7. State or Country of Origin: U.S.A.

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Number of pages: 10

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1. *Journal of the American Medical Association*, 1997; 278: 1039-1044.

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THE UNIVERSITY OF CHICAGO

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO
SEP 23 1953

State File No. De53 1066
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Rosabel Jensen					2. Date (month) (day) (year) Birth 6, 12, 1891		
	3. Color or Race Half Breed female	4. Sex female	5. Place of Birth Rexburg		a. County Fremont		b. City or Town of Birth	
FATHER	6. Full Name of Father Hans J Jensen					7. State or Country of Father's Birth Copenhagen Denmark		
MOTHER	8. Full Maiden Name of Mother Lunet Thorp					9. State or Country of Mother's Birth Utah		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant Rosabel Jensen		
NOTARY (Seal)	Subscribed and sworn to before me on September 18 1953					11. Present Address of Registrant Crescent City Calif		
						12. Signature of Notary Loretta Daly		
						13. Notary Commission Expires April 1 1954		

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document School record (enrollment)		By whom issued and signed Fremont County Board of Education		Date Issued 2/20/53	Date Orig. Entry School Census
	Date of Birth 14 yrs old	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document Church Record		By whom issued and signed L. D. S. Church, by Joseph Fielding Smith		Date issued 11/9/53	Date Orig. Entry Entered on record
	Date of Birth June 12, 1891	Birth Place Rexburg, Idaho	Full Name of Mother Lunet Jensen		Name of Father Hans J. Jensen	
SUPPORTING RECORD 3.	Type of Document Baptismal Record		By whom issued and signed L. D. S. Church, by Earl E. Olson, Librarian		Date issued 10/1/53	Date Orig. Entry Baptized prior
	Date of Birth June 12, 1891	Birth Place Resburg, Idaho	Full Name of Mother Lunet Thorp		Name of Father Hans Jensen	

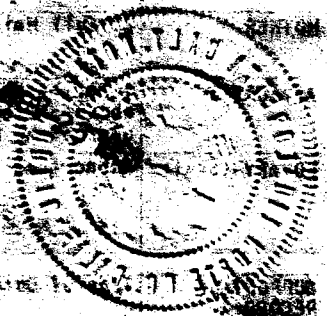
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by Edna Hamilton	Date Filed Nov. 24, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

SEP 23 1983

DIVISION OF
STATISTICS

APR 17 1987



1. Name of child
2. Date of birth
3. Place of birth
4. Sex
5. Race
6. Religion
7. Education
8. Occupation
9. Marital status
10. Signature of parent
11. Signature of doctor
12. Signature of nurse

Class	Section	Date of birth	Type of document	Registration date	Registration place	Registration number	Registration date	Registration place	Registration number
Class 1	Section 1	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate
Class 2	Section 2	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate
Class 3	Section 3	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate
Class 4	Section 4	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate
Class 5	Section 5	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate
Class 6	Section 6	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate
Class 7	Section 7	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate
Class 8	Section 8	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate
Class 9	Section 9	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate
Class 10	Section 10	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate	1981	Birth certificate

1. Name of child
2. Date of birth
3. Place of birth
4. Sex
5. Race
6. Religion
7. Education
8. Occupation
9. Marital status
10. Signature of parent
11. Signature of doctor
12. Signature of nurse

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Douglas Earl Thorp</u>				2. Date (month) (day) (year) Of Birth <u>Dec.</u> <u>6</u> <u>1891</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Troy</u>	a. County <u>Latah</u>	b. City or Town of Birth <u>Troy, Idaho</u>	
FATHER	6. Full Name of Father <u>Stephen A. Thorp</u>				7. State or Country of Father's Birth <u>Boone County, Iowa</u>	
MOTHER	8. Full Maiden Name of Mother <u>Gertrude Flint</u>				9. State or Country of Mother's Birth <u>England</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Douglas Earl Thorp</u>		11. Present Address of Registrant <u>Helgeson Hotel, Orofino, Ida</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>December 23 1953</u>			12. Signature of Notary <u>Walter J. Gardner</u>		13. Notary Commission expires <u>November 15 1956</u>

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>Affidavit by mother</u>		By whom issued and signed <u>Gertrude Thorp Hubbard</u>		Date issued <u>Dec. 7, 1953</u>
	Date of Birth <u>Dec. 6, 1891</u>	Birth Place <u>Troy, Idaho</u>	Full Name of Mother <u>Gertrude Flint</u>		Name of Father <u>Stephen A. Thorp</u>
SUPPORTING RECORD 2.	Type of Document <u>Application</u>		By whom issued and signed <u>Social Security Board</u>		Date issued <u>Sept. 13, 1938</u>
	Date of Birth <u>Dec. 6, 1891</u>	Birth Place <u>Troy, Idaho</u>	Full Name of Mother <u>Gertrude Flint</u>		Name of Father <u>Stephen A. Thorp</u>
SUPPORTING RECORD 3.	Type of Document <u>Registration Card</u>		By whom issued and signed <u>Draft Board</u>		Date issued <u>not given</u>
	Date of Birth <u>Dec. 6, 1891</u>	Birth Place <u>Troy, Idaho</u>	Full Name of Mother <u>Gertrude Flint</u>		Name of Father <u>Stephen A. Thorp</u>

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mary E. Benson</u>	Date Filed <u>Jan. 18, 1954</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

JAN 18 1954



DELAYED CERTIFICATION OF BIRTH
 STATE OF IDAHO

State File No. De54-72
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth NORRIS MORDAUNT FRITCHMAN				2. Date (month) (day) (year) Of Birth NOV. 18 1891	
	3. Color or Race White	4. Sex Male	5. Place of Birth IDAHO	a. County Ada	b. City or Town of Birth BOISE	
FATHER	6. Full Name of Father HARRY KIER FRITCHMAN				7. State or Country of Father's Birth WEST MORELAND CO. PENNA.	
MOTHER	8. Full Maiden Name of Mother LEOTA AMANDA SECKEL				9. State or Country of Mother's Birth MARION CO. OHIO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Norris M. Fritchman</i>	
NOTARY (Seal)	Subscribed and sworn to before me on Feb 1 1924				11. Present Address of Registrant 5600 LUBKIN ST. BOISE ID	
	12. Signature of Notary <i>Maude Hedger</i>				13. Notary Commission expires May 7 1927	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1- Class <u>B</u>	Type of Document Birth Certificate #170988		By whom issued and signed A. J. Coats, M.D.	Date issued 5/5/29	Date Orig. Entry 5/5/29
	Date of Birth 37 years	Birth Place of age at time of	Full Name of Mother this birth	Name of Father	
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document Affidavit		By whom issued and signed Leota A. Fritchman, mother	Date issued 2/1/54	Date Orig. Entry
	Date of Birth 11/18/1891	Birth Place Boise, Idaho	Full Name of Mother Leota A. Fritchman	Name of Father	
SUPPORTING RECORD 3- Class <u>B</u>	Type of Document Life Insurance Policy		By whom issued and signed Equitable Life Assurance Soc. of the United States	Date issued 7/1/1929	Date Orig. Entry 7/1/1929
	Date of Birth 11/18/1891	Birth Place Boise, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by Opal Peterson	Date Filed 2/1/1954	

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

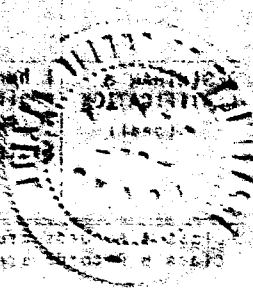
DELAWARE CERTIFICATE OF BIRTH

STATE OF DELAWARE

Department of Health
Division of Vital Statistics
Baltimore, Maryland

REGISTRATION Name of Child Date of Birth Place of Birth Sex Color of Skin Name of Father Name of Mother State of County of Father's Birth State of County of Mother's Birth Address of Child at Birth Address of Father at Birth Address of Mother at Birth Name of Hospital Name of Physician Name of Nurse Name of Midwife Name of Doctor Name of Minister Name of Priest Name of Rabbi Name of Imam Name of Other		REGISTRATION Name of Child Date of Birth Place of Birth Sex Color of Skin Name of Father Name of Mother State of County of Father's Birth State of County of Mother's Birth Address of Child at Birth Address of Father at Birth Address of Mother at Birth Name of Hospital Name of Physician Name of Nurse Name of Midwife Name of Doctor Name of Minister Name of Priest Name of Rabbi Name of Imam Name of Other	
REGISTRATION Name of Child Date of Birth Place of Birth Sex Color of Skin Name of Father Name of Mother State of County of Father's Birth State of County of Mother's Birth Address of Child at Birth Address of Father at Birth Address of Mother at Birth Name of Hospital Name of Physician Name of Nurse Name of Midwife Name of Doctor Name of Minister Name of Priest Name of Rabbi Name of Imam Name of Other		REGISTRATION Name of Child Date of Birth Place of Birth Sex Color of Skin Name of Father Name of Mother State of County of Father's Birth State of County of Mother's Birth Address of Child at Birth Address of Father at Birth Address of Mother at Birth Name of Hospital Name of Physician Name of Nurse Name of Midwife Name of Doctor Name of Minister Name of Priest Name of Rabbi Name of Imam Name of Other	

REGISTRATION Name of Child Date of Birth Place of Birth Sex Color of Skin Name of Father Name of Mother State of County of Father's Birth State of County of Mother's Birth Address of Child at Birth Address of Father at Birth Address of Mother at Birth Name of Hospital Name of Physician Name of Nurse Name of Midwife Name of Doctor Name of Minister Name of Priest Name of Rabbi Name of Imam Name of Other		REGISTRATION Name of Child Date of Birth Place of Birth Sex Color of Skin Name of Father Name of Mother State of County of Father's Birth State of County of Mother's Birth Address of Child at Birth Address of Father at Birth Address of Mother at Birth Name of Hospital Name of Physician Name of Nurse Name of Midwife Name of Doctor Name of Minister Name of Priest Name of Rabbi Name of Imam Name of Other	
REGISTRATION Name of Child Date of Birth Place of Birth Sex Color of Skin Name of Father Name of Mother State of County of Father's Birth State of County of Mother's Birth Address of Child at Birth Address of Father at Birth Address of Mother at Birth Name of Hospital Name of Physician Name of Nurse Name of Midwife Name of Doctor Name of Minister Name of Priest Name of Rabbi Name of Imam Name of Other		REGISTRATION Name of Child Date of Birth Place of Birth Sex Color of Skin Name of Father Name of Mother State of County of Father's Birth State of County of Mother's Birth Address of Child at Birth Address of Father at Birth Address of Mother at Birth Name of Hospital Name of Physician Name of Nurse Name of Midwife Name of Doctor Name of Minister Name of Priest Name of Rabbi Name of Imam Name of Other	



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-123
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Gainor Evans</u>				2. Date (month) (day) (year) Of Birth <u>Jan</u> <u>13</u> <u>1891</u>			
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Oneida</u>	b. City or Town of Birth <u>Malad</u>			
FATHER	6. Full Name of Father <u>Joseph W. Evans</u>				7. State or Country of Father's Birth <u>Wales</u>			
MOTHER	8. Full Maiden Name of Mother <u>Mary Ann Evans</u>				9. State or Country of Mother's Birth <u>Wales</u>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Gainor E. Mitchell</u>		11. Present Address of Registrant <u>Malad, Idaho</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>February 11</u> <u>19</u> <u>54</u>				12. Signature of Notary <u>John H. McAllister</u> Clerk of district Court <u>By B. Brown Williams</u>		13. Notary Commission expires <u>Jany</u> <u>10</u> , <u>19</u> <u>55</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE Deputy

SUPPORTING RECORD 1. Class* <u>B</u>	Type of Document <u>Application for Insurance</u>		By whom issued and signed <u>Idaho Mutual Benefit Assoc.</u>		Date issued <u>Oct. 31, 1940</u>	Date Orig. Entry
	Date of Birth <u>Jan. 13, 1891</u>	Birth Place <u>Malad, Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2. Class <u>A</u>	Type of Document <u>Bible Record</u>		By whom issued and signed <u>Bible viewed by John H. McAllister, Clerk of the District Court</u>		Date issued	Date Orig. Entry <u>Jan. 13, 1891</u>
	Date of Birth <u>Jan. 13, 1891</u>	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3. Class <u>B</u>	Type of Document <u>Affidavit by sister</u>		By whom issued and signed <u>Myfanwy Evans McClurg</u>		Date issued <u>Dec. 15, 1953</u>	Date Orig. Entry
	Date of Birth <u>Jan. 13, 1891</u>	Birth Place <u>Malad City</u>	Full Name of Mother <u>Mary Ann Evans</u>		Name of Father <u>Joseph W. Evans</u>	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mark E. Fredson</u>	Date Filed <u>Feb. 15, 1954</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECLARATION OF BIRTH

State of Illinois County of Cook City of Chicago		Date of Birth Place of Birth	
Name of Mother Name of Father		Date of Birth Place of Birth	
Name of Child Sex of Child		Date of Birth Place of Birth	
Name of Child Sex of Child		Date of Birth Place of Birth	
Name of Child Sex of Child		Date of Birth Place of Birth	

FEB 16 1904

Name of Child Sex of Child		Date of Birth Place of Birth	
Name of Child Sex of Child		Date of Birth Place of Birth	
Name of Child Sex of Child		Date of Birth Place of Birth	
Name of Child Sex of Child		Date of Birth Place of Birth	
Name of Child Sex of Child		Date of Birth Place of Birth	



NOV 19 1953

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Do54 134

Local Reg. No. _____

Reg. Dist. No. _____

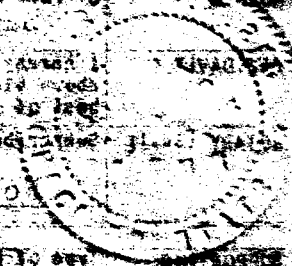
REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Catherine Jenkins</u>			2. Date (month) (day) (year) Of Birth <u>December 19, 1891</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Girl</u>	5. Place of Birth <u>Malad City, Idaho</u>	a. County <u>Oneida, Idaho</u>	b. City or Town of Birth <u>Malad City, Idaho</u>
FATHER	6. Full Name of Father <u>William G. Jenkins</u>			7. State or Country of Father's Birth <u>South Wales</u>	
MOTHER	8. Full Maiden Name of Mother <u>Sara Jane Jones</u>			9. State or Country of Mother's Birth <u>South Wales</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Catherine Jenkins</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>November 16</u> 19 <u>53</u>			11. Present Address of Registrant <u>Malad City, Idaho</u>	
	12. Signature of Notary <u>W. W. Benson</u>			13. Notary Commission expires <u>Nov. 1</u> 19 <u>56</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>Affidavit by uncle</u>		By whom issued and signed <u>William Henry Jones</u>		Date issued <u>Nov. 16, 1953</u>
	Date of Birth <u>Dec. 19, 1891</u>	Birth Place <u>Malad City, Idaho</u>	Full Name of Mother		Name of Father
SUPPORTING RECORD 2.	Type of Document <u>Bible record of family births</u>		By whom issued and signed <u>C.M. Ware, Notary Public</u>		Date issued <u>Bible printed in 1881</u>
	Date of Birth <u>Dec. 19, 1891</u>	Birth Place	Full Name of Mother		Name of Father
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Name of Father
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)					
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Edna Hamilton</u>
					Date Filed <u>Feb. 17, 1954</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECLAYED CERTIFICATE OF BIRTH

FEB 18 1954



1. Name of child at birth		2. Date of birth		3. Place of birth	
4. Sex of child		5. Race of child		6. Religion of child	
7. Name of mother		8. Date of mother's birth		9. Place of mother's birth	
10. Name of father		11. Date of father's birth		12. Place of father's birth	
13. Name of child at birth		14. Date of child's birth		15. Place of child's birth	
16. Sex of child		17. Race of child		18. Religion of child	
19. Name of mother		20. Date of mother's birth		21. Place of mother's birth	
22. Name of father		23. Date of father's birth		24. Place of father's birth	
25. Name of child at birth		26. Date of child's birth		27. Place of child's birth	
28. Sex of child		29. Race of child		30. Religion of child	
31. Name of mother		32. Date of mother's birth		33. Place of mother's birth	
34. Name of father		35. Date of father's birth		36. Place of father's birth	
37. Name of child at birth		38. Date of child's birth		39. Place of child's birth	
40. Sex of child		41. Race of child		42. Religion of child	
43. Name of mother		44. Date of mother's birth		45. Place of mother's birth	
46. Name of father		47. Date of father's birth		48. Place of father's birth	
49. Name of child at birth		50. Date of child's birth		51. Place of child's birth	
52. Sex of child		53. Race of child		54. Religion of child	
55. Name of mother		56. Date of mother's birth		57. Place of mother's birth	
58. Name of father		59. Date of father's birth		60. Place of father's birth	
61. Name of child at birth		62. Date of child's birth		63. Place of child's birth	
64. Sex of child		65. Race of child		66. Religion of child	
67. Name of mother		68. Date of mother's birth		69. Place of mother's birth	
70. Name of father		71. Date of father's birth		72. Place of father's birth	
73. Name of child at birth		74. Date of child's birth		75. Place of child's birth	
76. Sex of child		77. Race of child		78. Religion of child	
79. Name of mother		80. Date of mother's birth		81. Place of mother's birth	
82. Name of father		83. Date of father's birth		84. Place of father's birth	
85. Name of child at birth		86. Date of child's birth		87. Place of child's birth	
88. Sex of child		89. Race of child		90. Religion of child	
91. Name of mother		92. Date of mother's birth		93. Place of mother's birth	
94. Name of father		95. Date of father's birth		96. Place of father's birth	
97. Name of child at birth		98. Date of child's birth		99. Place of child's birth	
100. Sex of child		101. Race of child		102. Religion of child	

Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Charles Bertrand Johnson				2. Date (month) (day) (year) Of Birth January 29th, 1891	
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Ada		b. City or Town of Birth Boise Idaho	
FATHER	6. Full Name of Father Michael Johnson				7. State or Country of Father's Birth Norway	
MOTHER	8. Full Maiden Name of Mother Maud Crouch				9. State or Country of Mother's Birth Ohio, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Charles Bertrand Johnson</i>	
NOTARY (Seal)	Subscribed and sworn to before me on February 6, 1954				11. Present Address of Registrant 37 Gardner St., Vallejo, Calif.	
	12. Signature of Notary <i>Margaret L. Benson</i>				13. Notary Commission expires Feb. 21, 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Honorable Discharge		By whom issued and signed Army of the United States	Date issued Jan. 29, 1919	Date Orig. Entry Enlisted on July 23, 1918
	Date of Birth 27 yrs 6 mos. old	Birth Place Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document Designation of Beneficiary for Ins.		By whom issued and signed Mare Island Naval Shipyard No. 31-446100	Date issued May 5, 1951	Date Orig. Entry
	Date of Birth Jan. 29, 1891	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document Application for Social Security		By whom issued and signed Social Security Adm.	Date issued Oct. 18, 1939	Date Orig. Entry
	Date of Birth Jan. 29, 1891	Birth Place Boise, Idaho	Full Name of Mother Maud Crouch	Name of Father Michael Johnson	
QUALIFYING INFORMATION	Lodge records, International Association of Machinists, Washington D. C., gives the date of birth of Charles Bertrand Johnson as Jan. 29, 1891				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by <i>Mike F. Elden</i>	Date Filed Mch 25, 1954	

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

HEALTH DEPARTMENT
CITY OF CHICAGO
BIRTH CERTIFICATE

FEB 10 1951

Division of Vital Statistics
Chicago, Illinois

Registration
Birth
Death

FATHER

MOTHER

ATTEST

NOTARY

RECORDS
CHICAGO

RECORDS
CHICAGO

RECORDS
CHICAGO

MAR 25 1951

Honorable Marriage
Date of Birth Birth Place
Sex Race
Color of Hair Eyes, Hair

Residence for last
Date of Birth Birth Place

JAN. 20, 1951

Place of Birth

Application for Birth
Date of Birth Birth Place

JAN. 20, 1951, Chicago, Illinois

City or town of birth
State of Illinois

State of Illinois

State of Illinois

Present address of Registrant

REPORT OF...

State of Illinois

Date issued Date filed

Jan. 20, 1951

Name of Father

Name of the United States

Name of Mother

Name of Father

Name of Mother

Name of Father

Name of Mother

Name of Father

Name of Mother

Notes to be filled in by the Registrar

The case is filed in the files of the Registrar

This certificate is valid for the purpose of establishing the date of birth of the child named herein and for the purpose of establishing the place of birth of the child named herein

Date filed

Signature of Registrar

Signature of Registrar

REGISTRANT (Person whose birth is being registered)	1. Registrant's full name Ralph Aaron Lewis			2. Date of Birth (month) (day) (year) March 2 1891	
	3. Color or Race white	4. Sex male	5. Place of Birth a. County Bannock	b. City or Town of Birth Pocatello	
FATHER	6. Full Name of Father Simon Lewis			7. State or Country of Father's Birth Poland	
MOTHER	8. Full Maiden Name of Mother Mary Gottstein Lewis			9. State or Country of Mother's Birth Poland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Ralph Aaron Lewis</i>	
NOTARY (Seal)	Subscribed and sworn to before me on March 3 1954			11. Present Address of Registrant 538 West Custer Pocatello, Idaho	
	12. Signature of Notary <i>Arthur P. Oliver</i>			13. Notary Commission expires 1-1-1955	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document Affidavit by Brother	By whom issued and signed Leo G. Lewis	Date issued Mar. 4, 1954	Date Orig. Entry
	Date of Birth Mar. 2, 1891	Birth Place Pocatello, Idaho	Full Name of Mother Mary Bottstein	Name of Father Simon, Lewis
SUPPORTING RECORD 2. Class B	Type of Document Affidavit by sister	By whom issued and signed Mrs Fred Ball	Date issued 3-27-54	Date Orig. Entry
	Date of Birth Mch 2, 1891	Birth Place Pocatello, Idaho	Full Name of Mother Mary Gottstein	Name of Father Simon Lewis
SUPPORTING RECORD 3. Class B	Type of Document School Record	By whom issued and signed Pocatello	Date issued entered	Date Orig. Entry Sept. 1899
	Date of Birth 8 yrs old Mch 2, 1891	Birth Place Bannock County	Full Name of Mother	Name of Father

QUALIFYING INFORMATION
 Also, Honorable Discharge from the United States Army.

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by <i>Mark Fredson</i>	Date Filed

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

APR 5 1964

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BURLOS

01187609

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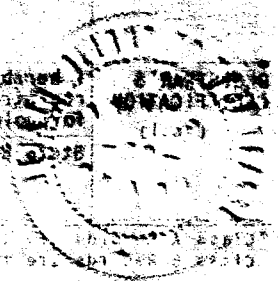
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1. The first part of the document is a letter from the Director of the FBI to the Director of the CIA, dated 10/10/50. The letter discusses the results of a review of the CIA's files on the activities of the Soviet Union in the United States. The review found that the CIA had been successful in identifying and tracking the activities of the Soviet Union, but that it had been less successful in identifying and tracking the activities of the Soviet Union's agents in the United States. The letter also discusses the need for the CIA to improve its methods for identifying and tracking the activities of the Soviet Union's agents in the United States.

10-11-68 10-11-68 10-11-68



Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Ivy Bateman</u>				2. Date (month) (day) (year) Of Birth <u>January 24, 1891</u>	
	3. Color or Race <u>White</u>	4. Sex <u>female</u>	5. Place of Birth <u>Bloomington Bear Lake, Ida.</u>		6. City or Town of Birth <u>Bloomington, Idaho</u>	
FATHER	6. Full Name of Father <u>Herbert Bateman</u>				7. State or Country of Father's Birth <u>Essex, England</u>	
MOTHER	8. Full Maiden Name of Mother <u>Mary Jane Madson</u>				9. State or Country of Mother's Birth <u>Bloomington, Idaho U.S.A.</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Ivy Kroque</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>April 5, 1954</u>				11. Present Address of Registrant <u>Bloomington, Idaho</u>	
	12. Signature of Notary <u>John Price</u>				13. Notary Commission expires <u>Oct. 1, 1954</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Family Record</u>		By whom issued and signed <u>Family record viewed by Hortense Bateman Bunn, affidavit</u>		Date issued	Date Orig. Entry <u>Jan. 24, 1891</u>
	Date of Birth <u>Jan. 24, 1891</u>	Birth Place <u>Bloomington, Idaho</u>	Full Name of Mother <u>made 1-20-54</u>		Name of Father <u>Hubert Bateman</u>	
SUPPORTING RECORD 2.	Type of Document <u>Church Record</u>		By whom issued and signed <u>L. D. S Bear Lake Stake Book 10752, Page 3, Line 104</u>		Date issued <u>prior to 1908</u>	Date Orig. Entry
	Date of Birth <u>Jan. 24, 1891</u>	Birth Place <u>Bloomington, Idaho</u>	Full Name of Mother <u>Mary Jane Madson</u>		Name of Father <u>Herbert Bateman</u>	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>[Signature]</u>	Date Filed <u>April 9, 1954</u>
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* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Herman Meyer				2. Date (month) (day) (year) Of Birth March 4th, 1891	
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Cameron, Nez Perce		b. City or Town of Birth Cameron, Idaho.	
FATHER	6. Full Name of Father Heinrich Meyer				7. State or Country of Father's Birth Germany	
MOTHER	8. Full Maiden Name of Mother Dorothea Munstermann				9. State or Country of Mother's Birth Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Herman Meyer</i>	11. Present Address of Registrant Cameron, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on March 25th, 1954				12. Signature of Notary <i>Danickberg</i>	13. Notary Commission expires January 11th, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Affidavit by A. G. Kanikkeberg, Notary of baptism		viewed the certificate		Baptized	March 8, 1891
Class* <u>A</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
	Mch 4, 1891	Cameron, Idaho	Dorothea Munstermann		Henry Meyer	
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Affidavit by A. G. Kanikkeberg, Evangelical Emanuel Church		Notary, viewed church record		Mch 25, 1954	
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
	Mch 4, 1891					
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
Class _____	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>Mary E. Benson</i>	Date Filed April 14, 1954

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

APR 13 1954



TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]
[The remainder of the document contains several paragraphs of text that are largely illegible due to extreme fading and poor scan quality. Some fragments of text are visible, such as 'The following information is being furnished to you for your information', 'This information is being furnished to you for your information', and 'The following information is being furnished to you for your information'. There are also some numbers and dates scattered throughout, but they are not clearly legible.]

MAY 3-1954

STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Orval Lewis Harrington</i>			2. Date (month) (day) (year) Of Birth <i>July 27-1891</i>	
	3. Color or Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth a County <i>At Home Adams</i>	b. City or Town of Birth <i>Payette Idaho</i>	
FATHER	6. Full Name of Father <i>Lewis Clark Harrington</i>			7. State or Country of Father's Birth <i>Wyandot County Kansas</i>	
MOTHER	8. Full Maiden Name of Mother <i>Sarah Elizabeth Halford</i>			9. State or Country of Mother's Birth <i>Boise Idaho</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Orval L. Harrington</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 26 19 53</i>			11. Present Address of Registrant	
	12. Signature of Notary <i>E. E. Cleveland</i>			13. Notary Commission expires <i>May 1 19 53</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <i>Roll of Registered Electors</i>		By whom issued and signed <i>Idaho County, Grangeville</i>	Date issued <i>Oct. 22, 1926</i>	Date Orig. Entry
	Date of Birth <i>36 yrs old</i>	Birth Place <i>Idaho</i>	Full Name of Mother <i>Idaho</i>	Name of Father	
SUPPORTING RECORD 2-	Type of Document <i>Honorable Discharge</i>		By whom issued and signed <i>United States Army</i>	Date issued <i>1918</i>	Date Orig. Entry
	Date of Birth <i>27 yrs old</i>	Birth Place <i>Payette, Idaho</i>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-	Type of Document <i>Life Insurance Policy</i>		By whom issued and signed <i>Idaho Mutual Benefit Assoc.</i>	Date issued <i>12-31-41</i>	Date Orig. Entry
	Date of Birth <i>July 27, 1891</i>	Birth Place <i>Weiser, Idaho</i>	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <i>Walter E. Eason</i>	Date Filed <i>May 3, 1954</i>	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-409
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth HAZEL DELL TURNER					2. Date (month) (day) (year) Of Birth NOV. 29 1891	
	3. Color or Race WHITE	4. Sex FEMALE	5. Place of Birth PAYETTE	a. County IDAHO	b. City or Town of Birth PAYETTE		
FATHER	6. Full Name of Father ROBERT MARION TURNER					7. State or Country of Father's Birth GRUENNEL-L-IOWA	
MOTHER	8. Full Maiden Name of Mother MARY VIOLA HURD					9. State or Country of Mother's Birth ROCHELLE ILLIONS	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>Hazel Dell Turner</i> Matthews	
NOTARY (Seal)	Subscribed and sworn to before me on <i>May 18</i> 1954					11. Present Address of Registrant 89-SW 42nd ONTARIO, OREGON	
	12. Signature of Notary <i>[Signature]</i>					13. Notary Commission expires <i>Sept 21</i> 1954	

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1-	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
	Certificate of Registration		Voting record, Dade County		4-2-48		
Class* <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
	56 yrs old		Florida				
SUPPORTING RECORD 2-	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
	Affidavit by Aunt		Lena Ramey		May 18, 1954		
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
	Nov. 29, 1891	Payette, Idaho					
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
	Affidavit by Aunt		Mrs. Sadie Duell		May 18, 1954		
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
	Nov. 29, 1891	Payette, Idaho					
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar W. W. Benson		Evidence reviewed by <i>Mary Hedger</i>			Date Filed May 21, 1954	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYS CERTIFICATE OF BIRTH

STATE OF ILL.

Birth Date

Birth Place

1911 Nov. 22

PAYETTE

CHICAGO ILL

ROBERT M. HARRIS

CHICAGO ILL

ROBERT M. HARRIS

CHICAGO ILL

ROBERT M. HARRIS

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ROBERT M. HARRIS

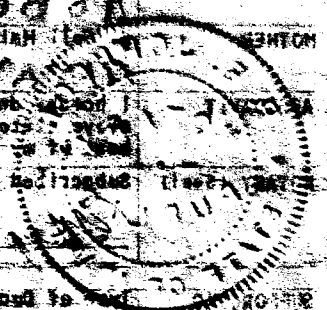
CHICAGO ILL

ROBERT M. HARRIS

CHICAGO ILL

ROBERT M. HARRIS

CHICAGO ILL

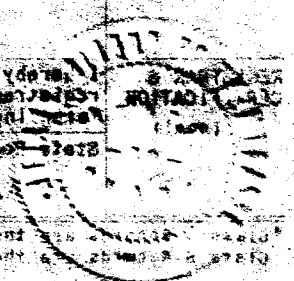


Date Filed
May 21, 1911

Evidence reviewed by

State Registrar

Henson



CERTIFICATE OF BIRTH

NOV 1954 IDAHO

State File No. De54-411

Local Reg. No. _____

Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth HATTIE HAWORTH			2. Date (month) (day) (year) June 21 1891	
	3. Color or Race white	4. Sex female	5. Place of Birth a. County Latah	b. City or Town of Birth MOSCOW	
FATHER	6. Full Name of Father HENRY HAWORTH			7. State or Country of Father's Birth ILLINOIS	
MOTHER	8. Full Maiden Name of Mother EDNA EARL DE JARNETT			9. State or Country of Mother's Birth TEXAS	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Hattie Haworth Barlow</i>	
NOTARY (Seal)	Subscribed and sworn to before me on October 21 1953			11. Present Address of Registrant 1101 Tacoma Ave. Sunny- side, Wn	
				12. Signature of Notary <i>Bert S. Jones</i>	
				13. Notary Commission expires Aug. 10 1956	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Affidavit by Mother		By whom issued and signed Edna Haworth		Date issued Oct. 23, 1953
	Date of Birth June 21, 1891	Birth Place Moscow, Idaho	Full Name of Mother		Name of Father
SUPPORTING RECORD 2.	Type of Document Application for membership in Royal Neighbors of America		By whom issued and signed Royal Neighbors of America		Date issued April 29, 1925
	Date of Birth Jun. 21, 1891	Birth Place Moscow, Idaho	Full Name of Mother		Name of Father
SUPPORTING RECORD 3.	Type of Document Child's birth certificate		By whom issued and signed State of Washington #40		Date issued 1-24-34
	Date of Birth 42 yrs	Birth Place Moscow, Idaho	Full Name of Mother		Name of Father

QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by <i>Mary H. Jones</i>		Date Filed May 21, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

JUN 3 - 1954

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Elmer Hatch</i>				2. Date (month) (day) (year) Of Birth <i>April 25 1891</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth <i>Oxford</i>		a. County <i>Bannock</i>		
FATHER	6. Full Name of Father <i>Daniel Hatch</i>				b. City or Town of Birth <i>Idaho</i>		
MOTHER	8. Full Maiden Name of Mother <i>Ida May Pace</i>				7. State or Country of Father's Birth <i>Utah</i>		
				9. State or Country of Mother's Birth <i>Utah</i>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Elmer Hatch</i>		11. Present Address of Registrant <i>Locatelle Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>June 1 1954</i>				12. Signature of Notary <i>Grace Britline</i>		13. Notary Commission expires <i>August 3 1957</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
	Certificate of Ordination		L. D. S. Church		Ordained	Feb. 22, 1909	
	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
Class* <u>B</u>	Apr. 25, 1891, Oxford, Idaho		Ida Pace		Daniel Hatch		
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
	Church Record		L. D. S. Church		Elder	Dec. 27, 1915	
	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
Class <u>B</u>	Apr. 25, 1891, Oxford, Idaho		Ida Pace		Daniel Hatch		
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
Class _____							

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Mark H. Edgar</i>	Date Filed <i>June 3, 1954</i>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

RECEIVED DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS STATE OF IDAHO

JUN 4 1954

1. Name of child at birth	2. Sex	3. Date of birth (month, day, year)	4. Place of birth (city, town, or county)	5. Name of father	6. Name of mother	7. Signature of registrant	8. Signature of mother	9. Signature of father	10. Date of registration
1. Name of child at birth	2. Sex	3. Date of birth (month, day, year)	4. Place of birth (city, town, or county)	5. Name of father	6. Name of mother	7. Signature of registrant	8. Signature of mother	9. Signature of father	10. Date of registration

1. Name of child at birth	2. Sex	3. Date of birth (month, day, year)	4. Place of birth (city, town, or county)	5. Name of father	6. Name of mother	7. Signature of registrant	8. Signature of mother	9. Signature of father	10. Date of registration
1. Name of child at birth	2. Sex	3. Date of birth (month, day, year)	4. Place of birth (city, town, or county)	5. Name of father	6. Name of mother	7. Signature of registrant	8. Signature of mother	9. Signature of father	10. Date of registration

1. Name of child at birth	2. Sex	3. Date of birth (month, day, year)	4. Place of birth (city, town, or county)	5. Name of father	6. Name of mother	7. Signature of registrant	8. Signature of mother	9. Signature of father	10. Date of registration
1. Name of child at birth	2. Sex	3. Date of birth (month, day, year)	4. Place of birth (city, town, or county)	5. Name of father	6. Name of mother	7. Signature of registrant	8. Signature of mother	9. Signature of father	10. Date of registration



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 54-475
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Elizabeth Jones</i>				2. Date (month) (day) (year) <i>Sept 22 1891</i>	
	3. Color of Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Samaria Idaho Oneida</i>	a. County <i>Samaria Idaho</i>		
FATHER	6. Full Name of Father <i>Benjamin L Jones</i>				7. State or Country of Father's Birth <i>State of Illinois</i>	
MOTHER	8. Full Maiden Name of Mother <i>Caroline Williams</i>				9. State or Country of Mother's Birth <i>Salt Lake city Utah</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Elizabeth Jones</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>June 2 1954</i>				11. Present Address of Registrant <i>481-31st Ogden Utah</i>	
					12. Signature of Notary <i>Luma Wells</i>	
					13. Notary Commission Expires <i>June 2 1954</i>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document <i>Church Record</i>		By whom issued and signed <i>L. D. S. Church</i>		Date issued <i>entered</i>
	Date of Birth <i>Sept. 22, 1891</i>	Birth Place <i>Samaria, Idaho</i>	Full Name of Mother <i>Caroline Williams</i>		Date Orig. Entry <i>Apr. 1, 1900</i>
Class* <u>B</u>					Name of Father <i>Benjamin Jones</i>
SUPPORTING RECORD 2-	Type of Document <i>Child's birth certificate</i>		By whom issued and signed <i>Bureau of Vital Statistics</i>		Date issued <i>Oct. 2, 1914</i>
	Date of Birth <i>23 yrs old</i>	Birth Place <i>Samaria, Idaho</i>	Full Name of Mother <i>#27439</i>		Date Orig. Entry <i></i>
Class <u>B</u>					Name of Father <i></i>
SUPPORTING RECORD 3-	Type of Document <i>Affidavit by Uncle</i>		By whom issued and signed <i>Daniel M. Williams</i>		Date issued <i>May 11, 1954</i>
	Date of Birth <i>Sept. 22, 1891</i>	Birth Place <i>Samaria, Idaho</i>	Full Name of Mother <i></i>		Date Orig. Entry <i></i>
Class <u>B</u>					Name of Father <i></i>

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Mabel K. Edger</i>	Date Filed <i>June 8, 1954</i>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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08:13 08:08

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Serial	Class	Child's birth certificate	Church record	Full name of mother	Full name of father	Name of father	Date of birth
1	B	Sept. 22, 1901, Samaria, Idaho	Sept. 22, 1901, Samaria, Idaho	Benjamin Jones	Benjamin Jones	Benjamin Jones	Sept. 22, 1901
2	B	Sept. 22, 1901, Samaria, Idaho	Sept. 22, 1901, Samaria, Idaho	Benjamin Jones	Benjamin Jones	Benjamin Jones	Sept. 22, 1901
3	B	Sept. 22, 1901, Samaria, Idaho	Sept. 22, 1901, Samaria, Idaho	Benjamin Jones	Benjamin Jones	Benjamin Jones	Sept. 22, 1901
4	B	Sept. 22, 1901, Samaria, Idaho	Sept. 22, 1901, Samaria, Idaho	Benjamin Jones	Benjamin Jones	Benjamin Jones	Sept. 22, 1901
5	B	Sept. 22, 1901, Samaria, Idaho	Sept. 22, 1901, Samaria, Idaho	Benjamin Jones	Benjamin Jones	Benjamin Jones	Sept. 22, 1901
6	B	Sept. 22, 1901, Samaria, Idaho	Sept. 22, 1901, Samaria, Idaho	Benjamin Jones	Benjamin Jones	Benjamin Jones	Sept. 22, 1901
7	B	Sept. 22, 1901, Samaria, Idaho	Sept. 22, 1901, Samaria, Idaho	Benjamin Jones	Benjamin Jones	Benjamin Jones	Sept. 22, 1901
8	B	Sept. 22, 1901, Samaria, Idaho	Sept. 22, 1901, Samaria, Idaho	Benjamin Jones	Benjamin Jones	Benjamin Jones	Sept. 22, 1901
9	B	Sept. 22, 1901, Samaria, Idaho	Sept. 22, 1901, Samaria, Idaho	Benjamin Jones	Benjamin Jones	Benjamin Jones	Sept. 22, 1901
10	B	Sept. 22, 1901, Samaria, Idaho	Sept. 22, 1901, Samaria, Idaho	Benjamin Jones	Benjamin Jones	Benjamin Jones	Sept. 22, 1901

Date Filed June 8, 1951		Balance received by [Signature]		Date June 8, 1951	
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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 54-508
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Mary Agnes Baldus</u>				2. Date (month) (day) (year) Of Birth <u>Nov 19 1891</u>	
	3. Color or Race <u>Caucasian</u>	4. Sex <u>F</u>	5. Place of Birth a. County <u>Wallace Idaho</u>		b. City or Town of Birth <u>Wallace Idaho</u>	
FATHER	6. Full Name of Father <u>Christian Baldus</u>				7. State or Country of Father's Birth <u>Eisen Germany</u>	
MOTHER	8. Full Maiden Name of Mother <u>Agnes Schneider</u>				9. State or Country of Mother's Birth <u>Eisen Germany</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Mary Agnes Smithwick</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>April 18 1954</u>				11. Present Address of Registrant <u>Moscow Idaho</u>	
					12. Signature of Notary <u>[Signature]</u>	
					13. Notary Commission expires <u>October 16, 1954</u>	

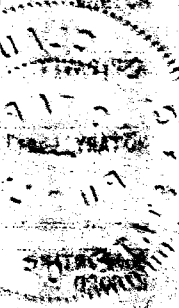
APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>New World Life Insurance Co.</u>		Date issued <u>June 21, 1913</u>
	Date of Birth <u>Nov. 19, 1891</u>	Birth Place <u>Wallace, Idaho</u>	Full Name of Mother		Name of Father
SUPPORTING RECORD 2.	Type of Document <u>Family Record</u>		By whom issued and signed <u>Mother's Prayer Book in possession of Anna Kretschmer</u>		Date issued <u>Apr. 24, 1954</u>
	Date of Birth <u>Nov. 19, 1891</u>	Birth Place <u>Wallace, Idaho</u>	Full Name of Mother		Name of Father
SUPPORTING RECORD 3.	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>St. Alphonsus Church, Wallace Idaho</u>		Date issued <u>Nov. 24, 1891</u>
	Date of Birth <u>Nov. 19, 1891</u>	Birth Place <u>Granite Creek, Idaho</u>	Full Name of Mother <u>Agnes Schneider</u>		Name of Father <u>Christian Baldus</u>
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>[Signature]</u>	Date Filed <u>June 18, 1954</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAWARE CERTIFICATE OF BIRTH
STATE OF DELAWARE

NOV 23 1955



1. Name of child: *James Earl*
2. Date of birth: *Nov 19 1951*
3. Place of birth: *Granite Creek, Delaware*
4. Sex: *Male*
5. Weight: *10 lbs*
6. Length: *19 in*
7. Color of hair: *Light Brown*
8. Color of eyes: *Blue*
9. Color of skin: *Fair*
10. Signature of Registrar: *[Signature]*
11. Printed address of Registrar: *State of Delaware, Department of Health*
12. Signature of Physician: *[Signature]*
13. Printed address of Physician: *[Address]*

14. Name of father: *James Earl*
15. Date of birth: *June 21 1915*
16. Name of mother: *James Earl*
17. Date of birth: *June 21 1915*
18. Name of father: *James Earl*
19. Date of birth: *June 21 1915*
20. Name of mother: *James Earl*
21. Date of birth: *June 21 1915*
22. Name of father: *James Earl*
23. Date of birth: *June 21 1915*
24. Name of mother: *James Earl*
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175. Name of mother: *James Earl*
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181. Name of father: *James Earl*
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192. Date of birth: *June 21 1915*
193. Name of father: *James Earl*
194. Date of birth: *June 21 1915*
195. Name of mother: *James Earl*
196. Date of birth: *June 21 1915*
197. Name of father: *James Earl*
198. Date of birth: *June 21 1915*
199. Name of mother: *James Earl*
200. Date of birth: *June 21 1915*

REGISTRANT (Person whose Birth is being registered)	1. Registrant <i>Theodore (Sonny) Thurman</i>					2. Date (month) (day) (year) Of Birth <i>March 22 1891</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth <i>Hagerman Id.</i>		a. County <i>Gooding</i>	b. City or Town of Birth <i>Hagerman</i>		
FATHER	6. Full Name of Father <i>Theodore H. Thurman</i>					7. State or Country of Father's Birth <i>Brownsville Nebraska</i>		
MOTHER	8. Full Maiden Name of Mother <i>Mary Ellen Conklin</i>					9. State or Country of Mother's Birth <i>Marshalltown Iowa</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>X Theodore Thurman</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <i>April 14, 1954</i>					11. Present Address of Registrant <i>Box 535 Benson, Oregon</i>		
						12. Signature of Notary <i>James M. Kelly</i>		
						13. Notary Commission expires <i>Oct. 25, 1955</i>		

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class <u>A</u>	Type of Document <i>Bible record of birth</i>		By whom issued and signed	Date issued <i>Bible printed in 1888</i>	Date Orig. Entry <i>Mar. 22, 1891</i>
	Date of Birth <i>Mar. 22, 1891</i>	Birth Place <i>Hagerman, Idaho</i>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class <u>B</u>	Type of Document <i>Affidavit by Older Sister</i>		By whom issued and signed <i>Mrs. Mabel Boyer,</i>	Date issued <i>July 29, 1954</i>	Date Orig. Entry
	Date of Birth <i>Mar. 22, 1891</i>	Birth Place <i>Hagerman, Idaho</i>	Full Name of Mother <i>Mary Ellen Conklin</i>	Name of Father <i>Theodore H. Thurman</i>	
SUPPORTING RECORD 3. Class _____	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <i>Edna Hamilton</i>	Date Filed <i>Aug. 16, 1954</i>	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

A circular postmark from Richmond, Virginia. The text "RICHMOND VA." is curved along the bottom edge. The date "MAY 17" is in the center, with "1862" curved along the top edge. The number "7710" is printed horizontally across the middle of the date.

STATE OF IDAHO
 CERTIFICATE OF BIRTH

State File No. De54 867
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Marian Whittle</i>				2. Date of Birth (month) <i>June</i> (day) <i>2</i> (year) <i>1892</i>		
	3. Color or Race	4. Sex	5. Place of Birth <i>Oakley Idaho Cassia Co.</i>	6. City or Town of Birth <i>Oakley Idaho Cassia Co.</i>			
FATHER	6. Full Name of Father <i>George Page Whittle</i>				7. State or Country of Father's Birth <i>Illinois</i>		
MOTHER	8. Full Maiden Name of Mother <i>Mary Jane Lyon Whittle</i>				9. State or Country of Mother's Birth <i>Grantville Utah</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Marian Schuck</i>		11. Present Address of Registrant <i>American Falls Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>JUN 25 1954</i>		12. Signature of Notary <i>W. W. Benson</i>		13. Notary Commission expires <i>Oct. 22, 1955</i>		

APPLICANT - DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1. Class <u>B</u>	Type of Document <i>School Enrollment record</i>		By whom issued and signed <i>Cassia County Schools Bernell Wrigley, Supt.</i>		Date issued <i>7/19/54</i>	Date Orig. Entry <i>Sept. 1897</i>
	Date of Birth <i>June 2, 1891</i>	Birth Place <i>Oakley, Idaho</i>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2. Class <u>B</u>	Type of Document <i>Church record of birth</i>		By whom issued and signed <i>L. D. S. Church</i>		Date issued <i>Oct. 27, 1954</i>	Date Orig. Entry
	Date of Birth <i>June 2, 1891</i>	Birth Place <i>Cassia County,</i>	Full Name of Mother <i>Mary Jane Whittle</i>		Name of Father <i>George Page Whittle</i>	
SUPPORTING RECORD 3. Class <u>B</u>	Type of Document <i>Application for insurance</i>		By whom issued and signed <i>Metropolitan Life Ins. Co.</i>		Date issued <i>Oct. 6, 1922</i>	Date Orig. Entry
	Date of Birth <i>June 2, 1891</i>	Birth Place <i>Oakley, Idaho</i>	Full Name of Mother		Name of Father	

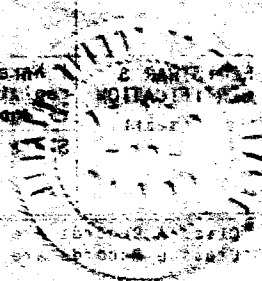
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Edna Hamilton</i>	Date Filed <i>Oct. 28, 1954</i>

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

OFFICE OF THE STATE OF NEW YORK

1954

<p>REGISTRATION</p> <p>1. Name of child: <i>John Doe</i></p> <p>2. Date of birth: <i>Jan 1, 1954</i></p> <p>3. Place of birth: <i>New York City</i></p> <p>4. Sex: <i>Male</i></p> <p>5. Race: <i>White</i></p> <p>6. Religion: <i>Catholic</i></p> <p>7. Education: <i>None</i></p> <p>8. Occupation: <i>None</i></p> <p>9. Marital status: <i>Single</i></p> <p>10. Social Security Number: <i>123-45-6789</i></p> <p>11. Date of registration: <i>Jan 1, 1954</i></p> <p>12. Signature of Registrar: <i>[Signature]</i></p>		<p>NOTES</p> <p>1. Full name of mother: <i>John Doe</i></p> <p>2. Full name of father: <i>John Doe</i></p> <p>3. Address of mother: <i>123 Main St, New York City</i></p> <p>4. Address of father: <i>123 Main St, New York City</i></p> <p>5. Date of birth of mother: <i>Jan 1, 1954</i></p> <p>6. Date of birth of father: <i>Jan 1, 1954</i></p> <p>7. Date of marriage: <i>Jan 1, 1954</i></p> <p>8. Date of divorce: <i>None</i></p> <p>9. Date of death: <i>None</i></p> <p>10. Date of remarriage: <i>None</i></p> <p>11. Date of remarriage: <i>None</i></p> <p>12. Date of remarriage: <i>None</i></p>	
<p>REGISTRATION</p> <p>1. Name of child: <i>John Doe</i></p> <p>2. Date of birth: <i>Jan 1, 1954</i></p> <p>3. Place of birth: <i>New York City</i></p> <p>4. Sex: <i>Male</i></p> <p>5. Race: <i>White</i></p> <p>6. Religion: <i>Catholic</i></p> <p>7. Education: <i>None</i></p> <p>8. Occupation: <i>None</i></p> <p>9. Marital status: <i>Single</i></p> <p>10. Social Security Number: <i>123-45-6789</i></p> <p>11. Date of registration: <i>Jan 1, 1954</i></p> <p>12. Signature of Registrar: <i>[Signature]</i></p>		<p>NOTES</p> <p>1. Full name of mother: <i>John Doe</i></p> <p>2. Full name of father: <i>John Doe</i></p> <p>3. Address of mother: <i>123 Main St, New York City</i></p> <p>4. Address of father: <i>123 Main St, New York City</i></p> <p>5. Date of birth of mother: <i>Jan 1, 1954</i></p> <p>6. Date of birth of father: <i>Jan 1, 1954</i></p> <p>7. Date of marriage: <i>Jan 1, 1954</i></p> <p>8. Date of divorce: <i>None</i></p> <p>9. Date of death: <i>None</i></p> <p>10. Date of remarriage: <i>None</i></p> <p>11. Date of remarriage: <i>None</i></p> <p>12. Date of remarriage: <i>None</i></p>	
<p>REGISTRATION</p> <p>1. Name of child: <i>John Doe</i></p> <p>2. Date of birth: <i>Jan 1, 1954</i></p> <p>3. Place of birth: <i>New York City</i></p> <p>4. Sex: <i>Male</i></p> <p>5. Race: <i>White</i></p> <p>6. Religion: <i>Catholic</i></p> <p>7. Education: <i>None</i></p> <p>8. Occupation: <i>None</i></p> <p>9. Marital status: <i>Single</i></p> <p>10. Social Security Number: <i>123-45-6789</i></p> <p>11. Date of registration: <i>Jan 1, 1954</i></p> <p>12. Signature of Registrar: <i>[Signature]</i></p>		<p>NOTES</p> <p>1. Full name of mother: <i>John Doe</i></p> <p>2. Full name of father: <i>John Doe</i></p> <p>3. Address of mother: <i>123 Main St, New York City</i></p> <p>4. Address of father: <i>123 Main St, New York City</i></p> <p>5. Date of birth of mother: <i>Jan 1, 1954</i></p> <p>6. Date of birth of father: <i>Jan 1, 1954</i></p> <p>7. Date of marriage: <i>Jan 1, 1954</i></p> <p>8. Date of divorce: <i>None</i></p> <p>9. Date of death: <i>None</i></p> <p>10. Date of remarriage: <i>None</i></p> <p>11. Date of remarriage: <i>None</i></p> <p>12. Date of remarriage: <i>None</i></p>	
<p>REGISTRATION</p> <p>1. Name of child: <i>John Doe</i></p> <p>2. Date of birth: <i>Jan 1, 1954</i></p> <p>3. Place of birth: <i>New York City</i></p> <p>4. Sex: <i>Male</i></p> <p>5. Race: <i>White</i></p> <p>6. Religion: <i>Catholic</i></p> <p>7. Education: <i>None</i></p> <p>8. Occupation: <i>None</i></p> <p>9. Marital status: <i>Single</i></p> <p>10. Social Security Number: <i>123-45-6789</i></p> <p>11. Date of registration: <i>Jan 1, 1954</i></p> <p>12. Signature of Registrar: <i>[Signature]</i></p>		<p>NOTES</p> <p>1. Full name of mother: <i>John Doe</i></p> <p>2. Full name of father: <i>John Doe</i></p> <p>3. Address of mother: <i>123 Main St, New York City</i></p> <p>4. Address of father: <i>123 Main St, New York City</i></p> <p>5. Date of birth of mother: <i>Jan 1, 1954</i></p> <p>6. Date of birth of father: <i>Jan 1, 1954</i></p> <p>7. Date of marriage: <i>Jan 1, 1954</i></p> <p>8. Date of divorce: <i>None</i></p> <p>9. Date of death: <i>None</i></p> <p>10. Date of remarriage: <i>None</i></p> <p>11. Date of remarriage: <i>None</i></p> <p>12. Date of remarriage: <i>None</i></p>	



DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De54-885
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>ERVEST MALTRAVIS SPRAGUE</u>				2. Date (month) (day) (year) Of Birth <u>May 5 1891</u>		
	3. Color or Race <u>white</u>	4. Sex <u>male</u>	5. Place of Birth a. County <u>mt Home Elmore</u>		b. City or Town of Birth <u>mt. Home</u>		
FATHER	6. Full Name of Father <u>Joseph T. Sprague</u>				7. State or Country of Father's Birth <u>Maine</u>		
MOTHER	8. Full Maiden Name of Mother <u>Anna L. Sprague</u>				9. State or Country of Mother's Birth <u>California</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>CM Sprague</u>		11. Present Address of Registrant <u>2290 - 3rd Street</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>October 30 1954</u>				12. Signature of Notary <u>Rocco Semmaro</u>		13. Notary Commission expires <u>September 29 1957</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Census Record</u>		By whom issued and signed <u>Department of Commerce Bureau of the Census</u>	Date issued <u>Census of 1900</u>	Date Orig. Entry
	Date of Birth <u>9 yrs old</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Annie L. Sprague</u>	Name of Father <u>Joseph T. Sprague</u>	
SUPPORTING RECORD 2-	Type of Document <u>Honorable Discharge</u>		By whom issued and signed <u>United States Army</u>	Date issued <u>Dec. 20, 1918</u>	Date Orig. Entry
	Date of Birth <u>27 yrs old</u>	Birth Place <u>Mountain Home, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>M. H. E. E. E.</u>	Date Filed <u>Nov. 3, 1954</u>
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* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

[illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-932
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth CLARA GERTRUDE BURGER				2. Date (month) (day) (year) March 18 1891		
	3. Color or Race White	4. Sex Female	5. Place of Birth Nez Perce	6. City or Town of Birth Genesee			
FATHER	6. Full Name of Father Christopher Burger				7. State or Country of Father's Birth Germany		
MOTHER	8. Full Maiden Name of Mother Bertha Burkwitz				9. State or Country of Mother's Birth Germany		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Clara Gertrude Burger</i>		11. Present Address of Registrant Tekoa, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on September 16, 1954			12. Signature of Notary <i>John A. Linn</i>		13. Notary Commission expires Sept. 20, 1957	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Affidavit by older Sister		By whom issued and signed Emma A. Boyer		Date Issued July 10, 1954	Date Orig. Entry
	Date of Birth Mar. 18, 1891	Birth Place Genesee, Idaho	Full Name of Mother Bertha Burkwitz Burger		Name of Father Christopher Burger	
SUPPORTING RECORD 2.	Type of Document Census Record		By whom issued and signed Department of Commerce Bureau of the Census		Date Issued Census of 1900	Date Orig. Entry
	Date of Birth 9 yrs old	Birth Place Idaho	Full Name of Mother Bertha Burger		Name of Father Christof Burger	
SUPPORTING RECORD 3.	Type of Document Lodge Record		By whom issued and signed Ladies Society, Brotherhood of Locomotive Firemen and Engineers		Date Issued 8-19-29	Date Orig. Entry
	Date of Birth Mch 18, 1891	Birth Place Genesee, Idaho	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar - W. W. Benson	Evidence reviewed by <i>W. W. Benson</i>	Date Filed 11-22-54

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1. Name of child at birth JAMES HENRY JONES		2. Sex Male	
3. Date of birth 12-13-33		4. Place of birth New York	
5. Name of mother JAMES HENRY JONES		6. Name of father JAMES HENRY JONES	
7. State of County of mother's birth New York		8. State of County of father's birth New York	
9. Signature of mother JAMES HENRY JONES		10. Signature of father JAMES HENRY JONES	
11. Present address of registrant JAMES HENRY JONES		12. Signature of hospital JAMES HENRY JONES	



1. Name of child at birth JAMES A. JONES		2. Sex Male	
3. Date of birth 12-13-33		4. Place of birth New York	
5. Name of mother JAMES A. JONES		6. Name of father JAMES A. JONES	
7. State of County of mother's birth New York		8. State of County of father's birth New York	
9. Signature of mother JAMES A. JONES		10. Signature of father JAMES A. JONES	
11. Present address of registrant JAMES A. JONES		12. Signature of hospital JAMES A. JONES	

1. Name of child at birth JAMES A. JONES		2. Sex Male	
3. Date of birth 12-13-33		4. Place of birth New York	
5. Name of mother JAMES A. JONES		6. Name of father JAMES A. JONES	
7. State of County of mother's birth New York		8. State of County of father's birth New York	
9. Signature of mother JAMES A. JONES		10. Signature of father JAMES A. JONES	
11. Present address of registrant JAMES A. JONES		12. Signature of hospital JAMES A. JONES	

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Mamie Frances Ewing			2. Date (month) (day) (year) Of Birth March 12 1891		
	3. Color or Race White	4. Sex F	5. Place of Birth a. County Boundary	b. City or Town of Birth Bonners Ferry, Idaho		
FATHER	6. Full Name of Father Charles Ewing			7. State or Country of Father's Birth Indiana		
MOTHER	8. Full Maiden Name of Mother Catherine Fry			9. State or Country of Mother's Birth Boundary, Idaho		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Mamie Frances Ewing</i>		11. Present Address of Registrant Box 65, Bonners Ferry, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on August 20 1954			12. Signature of Notary <i>W. W. Benson</i>		13. Notary Commission expires NOTARY PUBLIC for the State of Idaho residing at Bonners Ferry, Idaho 19____ My commission expires May 8, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Affidavit by Mother		By whom issued and signed Catherine Fry Lockhart		Date issued Sept. 30, 1954	Date Orig. Entry
	Date of Birth Mar. 12, 1891	Birth Place Bonners Ferry, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document Employment Record		By whom issued and signed Forest Service Bonners Ferry, Idaho		Date issued June 24, 1950	Date Orig. Entry
	Date of Birth 59 yrs	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document Child's birth certificate		By whom issued and signed Division of Vital Statistics Boise, Idaho #1067		Date issued	Date Orig. Entry Sept. 16, 1911
	Date of Birth 20 yrs old	Birth Place Idaho	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson		Evidence reviewed by <i>Mary E. Ewing</i>		Date Filed Dec. 10, 1954	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED CERTIFICATE OF BIRTH

STATE OF TEXAS

Dec 10 1924

FILED

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1. Name of child at birth

2. Date of birth

3. Place of birth

4. Name of father

5. Name of mother

6. Name of father at birth

7. Name of mother at birth

8. Name of father at death

9. Name of mother at death

10. Name of father at death

11. Name of mother at death

12. Name of father at death

13. Name of mother at death

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21. Name of mother at death

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27. Name of mother at death

28. Name of father at death

29. Name of mother at death

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NOTARY PUBLIC

I hereby certify that no other birth certificate has been filed in the Division of Vital Statistics for this child and that the child is now living.

Date filed

Dec 10, 1924

Notary Public

Notary Public

Notary Public

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth CLAYTON BAUCH WILLITS				2. Date (month) (day) (year) Of Birth NOVEMBER 27 1891	
	3. Color or Race WHITE	4. Sex MALE	5. Place of Birth NOTUS STA. NEAR BOISE		a. County (AT HOME) INDIANA	
FATHER	6. Full Name of Father OSCEDA S. WILLITS				7. State or Country of Father's Birth INDIANA	
MOTHER	8. Full Maiden Name of Mother ROSE ROSETTA BAUCH				9. State or Country of Mother's Birth MILTON, IOWA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>CB Willits</i>	
NOTARY (Seal)	Subscribed and sworn to before me on January 7 1955				11. Present Address of Registrant 11538 Fremont Ave SEATTLE, WASH	
					12. Signature of Notary <i>Harold O Willits</i>	
					13. Notary Commission expires March 24 1955	

APPLICANT - DO NOT WRITE BELOW THIS LINE			
SUPPORTING RECORD 1. Class* <u>B</u>	Type of Document Census Record	By whom issued and signed Department of Commerce Bureau of the Census	Date Issued Census of 1900
	Date of Birth 8 yrs old Nov. 1891	Birth Place Idaho	Full Name of Mother Rose Willits
SUPPORTING RECORD 2. Class <u>B</u>	Type of Document Employment record	By whom issued and signed Post Office Department	Date Issued 11-17-54
	Date of Birth Nov. 27, 1891	Birth Place Idaho	Full Name of Mother Osceola Willits
SUPPORTING RECORD 3. Class <u>B</u>	Type of Document Affidavit by cousin	By whom issued and signed Otto K. Blackaby	Date Issued Dec. 9, 1954
	Date of Birth Nov. 27, 1891	Birth Place Notus Station, Idaho	Full Name of Mother Osceola Willits

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>Mary Fredson</i>	Date Filed Jan. 11, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Earl Henry Francis					2. Date (month) (day) (year) Of Birth Feb. 21 1891		
	3. Color or Race White	4. Sex Male	5. Place of Birth Boise Idaho		a. County ADA			
FATHER	6. Full Name of Father Henry Carl Francis					7. State or Country of Father's Birth Mo.		
MOTHER	8. Full Maiden Name of Mother Katharine A Francis					9. State or Country of Mother's Birth Mo May 30 - 1856		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>E. Francis</i>		11. Present Address of Registrant 4825 Independence Ave.
NOTARY (Seal)	Subscribed and sworn to before me on Jan. 24 1955					12. Signature of Notary <i>Hazel B. Riter</i>		13. Notary Commission expires Dec. 16 1955

SUPPORTING RECORD 1.	Type of Document Insurance Policy		By whom issued and signed Kansas City Life Insurance Company		Date Issued Feb. 24, 1931	Date Orig. Entry
	Date of Birth Feb. 21, 1891,	Birth Place Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document Honorable Discharge		By whom issued and signed Army of the United States		Date Issued Discharged 1-2-1919	Date Orig. Entry
	Date of Birth enlisted	Birth Place 27 yrs 5 mo. Boise, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document Insurance Policy		By whom issued and signed Kansas City Life Insurance Company		Date Issued March 6, 1930	Date Orig. Entry
	Date of Birth Feb. 21, 1891,	Birth Place Boise, Idaho	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>W. W. Benson</i>	Date Filed Jan. 28, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-106
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Murdock Milton McNICOLL</u>				2. Date of Birth (month) (day) (year) <u>April 17th 1891</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth a. County <u>Lemhi</u>		b. City or Town of Birth <u>Salmon</u>	
FATHER	6. Full Name of Father <u>Robert McNICOLL</u>				7. State or Country of Father's Birth <u>Scotland</u>	
MOTHER	8. Full Maiden Name of Mother <u>Barbara Barrack</u>				9. State or Country of Mother's Birth <u>Scotland</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>M. M. McNICOLL</u>	11. Present Address of Registrant <u>Salmon Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>Feb 7 - 1955</u> 19				12. Signature of Notary <u>Mary K. Keenan</u>	13. Notary Commission expires <u>May 7</u> 19 <u>57</u>

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Newspaper Notice</u>		By whom issued and signed <u>Recorder Herald</u>		Date issued <u>Apr. 22, 1891</u>	Date Orig. Entry
	Date of Birth <u>Apr. 17, 1891</u>	Birth Place <u>Salmon, Idaho</u>	Full Name of Mother <u>Robert McNICOLL</u>		Name of Father <u>Robert McNICOLL</u>	
SUPPORTING RECORD 2.	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>Methodist Episcopal Church</u>		Date issued <u>Eptized June 28, 1891</u>	Date Orig. Entry
	Date of Birth <u>April 17, 1891</u>	Birth Place <u>Salmon, Idaho</u>	Full Name of Mother <u>Barbara McNICOLL</u>		Name of Father <u>Robert McNICOLL</u>	
SUPPORTING RECORD 3.	Type of Document <u>Doctor's Record</u>		By whom issued and signed <u>Nora Y. Whitwell, wife</u>		Date issued <u>of Sept. 16, 1954</u>	Date Orig. Entry
	Date of Birth <u>Apr. 17, 1891</u>	Birth Place <u>Salmon, Idaho</u>	Full Name of Mother <u>Barbara McNICOLL</u>		Name of Father <u>Robert McNICOLL</u>	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mary K. Keenan</u>	Date Filed <u>Feb. 7, 1955</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

Division of Public Health
Bureau of Vital Statistics

7-1955

7-1955

5. Date of Birth
8-1-1955

6. Sex of Child
Male

7. Age of Child
0 years

8. Name of Father
John Doe

9. Name of Mother
Jane Doe

10. Name of Child
John Doe

11. Name of Child
John Doe

12. Name of Registrar
John Doe

13. Name of Registrar
John Doe

14. Name of Registrar
John Doe

15. Name of Registrar
John Doe

16. Date of Birth
8-1-1955

17. Date of Birth
8-1-1955

18. Date of Birth
8-1-1955

19. Date of Birth
8-1-1955

20. Date of Birth
8-1-1955

21. Name of Father
John Doe

22. Name of Mother
Jane Doe

23. Name of Child
John Doe

24. Name of Child
John Doe

25. Name of Father
John Doe

26. Name of Mother
Jane Doe

27. Name of Child
John Doe

28. Name of Child
John Doe

29. Name of Father
John Doe

30. Name of Mother
Jane Doe

31. Name of Child
John Doe

32. Name of Child
John Doe

33. Name of Father
John Doe

34. Name of Mother
Jane Doe

35. Name of Child
John Doe

36. Name of Child
John Doe

37. Name of Father
John Doe

38. Name of Mother
Jane Doe

39. Name of Child
John Doe

40. Name of Child
John Doe

41. Name of Father
John Doe

42. Name of Mother
Jane Doe

43. Name of Child
John Doe

44. Name of Child
John Doe

45. Name of Father
John Doe

46. Name of Mother
Jane Doe

47. Name of Child
John Doe

48. Name of Child
John Doe

49. Name of Father
John Doe

50. Name of Mother
Jane Doe

51. Name of Child
John Doe

52. Name of Child
John Doe

53. Name of Father
John Doe

54. Name of Mother
Jane Doe

55. Name of Child
John Doe

56. Name of Child
John Doe

57. Name of Father
John Doe

58. Name of Mother
Jane Doe

59. Name of Child
John Doe

60. Name of Child
John Doe

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO
RECEIVED

State File No. De55-191
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Elsie Elizabeth Call				2. Date of Birth FEB 26 1955 7 20 1891			
	3. Color or Race white	4. Sex female	5. Place of Birth Idaho		a. County Fremont			b. City or Town of Birth Rigby
FATHER	6. Full Name of Father Cyril Josiah Call				7. State or Country of Father's Birth Utah			
MOTHER	8. Full Maiden Name of Mother Mary Ellen Wood				9. State or Country of Mother's Birth Utah			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Elsie Elizabeth Call Ward</i>		11. Present Address of Registrant 221 South 2 East Brigham City, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on February 7 1955				12. Signature of Notary <i>Don R. Matthews</i>		13. Notary Commission expires February 26 1958	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Census Record		By whom issued and signed Department of Commerce Bureau of the Census	Date issued 1900 Census	Date Orig. Entry
	Date of Birth July 1891	Birth Place 8 yrs old Idaho	Full Name of Mother Mary E. Call	Name of Father Cyril J. Call	
SUPPORTING RECORD 2.	Type of Document Family Record		By whom issued and signed Family	Date issued	Date Orig. Entry July 20, 1891
	Date of Birth July 20, 1891	Birth Place Rigby, Idaho	Full Name of Mother Mary E. Wood	Name of Father Cyril J. Call	
SUPPORTING RECORD 3.	Type of Document Church Record		By whom issued and signed L. D. S. Church	Date issued	Date Orig. Entry not dated
	Date of Birth July 20, 1891	Birth Place Rigby, Idaho	Full Name of Mother Mary E. Wood	Name of Father Cyril J. Call	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>Mabel E. Eder</i>	Date Filed Feb. 28, 1955

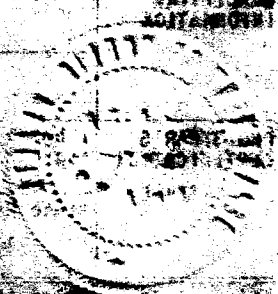
BIRTH CERTIFICATE OF BIRTH

STATE OF ILLINOIS

Date of Birth: 1901 Place of Birth: Chicago, Ill.		Date of Registration: 1901 Place of Registration: Chicago, Ill.	
Name of Child: JOHN JOSEPH COLE Sex: Male		Name of Father: JOHN JOSEPH COLE Occupation: Farmer	
Name of Mother: MARY JOSEPH COLE Occupation: Housewife		Name of Registrar: JOHN JOSEPH COLE Occupation: Farmer	
Date of Birth: 1901 Place of Birth: Chicago, Ill.		Date of Registration: 1901 Place of Registration: Chicago, Ill.	



Date of Birth: 1901 Place of Birth: Chicago, Ill.		Date of Registration: 1901 Place of Registration: Chicago, Ill.	
Name of Child: JOHN JOSEPH COLE Sex: Male		Name of Father: JOHN JOSEPH COLE Occupation: Farmer	
Name of Mother: MARY JOSEPH COLE Occupation: Housewife		Name of Registrar: JOHN JOSEPH COLE Occupation: Farmer	
Date of Birth: 1901 Place of Birth: Chicago, Ill.		Date of Registration: 1901 Place of Registration: Chicago, Ill.	



This certificate is a true and correct copy of the original as filed in the office of the Registrar of Births and Deaths, State of Illinois, at Chicago, Illinois, on the 1st day of January, 1901.

Witness my hand and the seal of the State of Illinois, at Springfield, Illinois, this 1st day of January, 1901.

Commissioner of Public Health

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth LEO LAWRENCE ADAMS			2. Date (month) (day) (year) Of Birth August 16th 1891	
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Teton		
FATHER	6. Full Name of Father George A. Adams			7. State or Country of Father's Birth Wales, Gr Britain	
MOTHER	8. Full Maiden Name of Mother Almira Suria Bair			9. State or Country of Mother's Birth Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Leo Lawrence Adams</i>	
NOTARY (Seal)	Subscribed and sworn to before me on January 28th 1955			11. Present Address of Registrant St. George, Utah	
	12. Signature of Notary <i>W. W. Benson</i> Residing St. George, Utah			13. Notary Commission expires Jan 28th 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Bible Record		By whom issued and signed Family Bible		Date issued Aug. 16, 1891	Date Orig. Entry
	Date of Birth Aug. 16, 1891	Birth Place	Full Name of Mother		Name of Father Geo. A. Adams	
SUPPORTING RECORD 2-	Type of Document Affidavit		By whom issued and signed E. H. Hopkins		Date issued Feb. 28, 1955	Date Orig. Entry
	Date of Birth Aug. 16, 1891	Birth Place Hayden, Idaho	Full Name of Mother Almira Adams		Name of Father George A. Adams	
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>W. W. Benson</i>	Date Filed Mch 9, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1935-36

1. Name of child at birth
2. Date of birth
3. Place of birth
4. Sex
5. Race
6. Religion
7. Name of father
8. Name of mother
9. Name of informant
10. Signature of informant
11. Date of registration
12. Name of registrar

13. Name of informant
14. Signature of informant
15. Date of registration
16. Name of registrar

17. Name of informant
18. Signature of informant
19. Date of registration
20. Name of registrar

21. Name of informant
22. Signature of informant
23. Date of registration
24. Name of registrar

25. Name of informant
26. Signature of informant
27. Date of registration
28. Name of registrar

29. Name of informant
30. Signature of informant
31. Date of registration
32. Name of registrar

33. Name of informant
34. Signature of informant
35. Date of registration
36. Name of registrar

37. Name of informant
38. Signature of informant
39. Date of registration
40. Name of registrar

41. Name of informant
42. Signature of informant
43. Date of registration
44. Name of registrar

45. Name of informant
46. Signature of informant
47. Date of registration
48. Name of registrar

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-259
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Hyrum Reeves Nelson</u>				2. Date (month) (day) (year) Of Birth <u>March 21, 1891</u>	
	3. Color or Race <u>White</u>	4. Sex <u>male</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Caribou</u>	b. City or Town of Birth <u>Soda Springs</u>	
FATHER	6. Full Name of Father <u>Edmond Nelson</u>				7. State or Country of Father's Birth <u>Springfield, Illinois</u>	
MOTHER	8. Full Maiden Name of Mother <u>Ann Petersen</u>				9. State or Country of Mother's Birth <u>Penn.</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Hyrum Reeves Nelson</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 9 1955</u>				11. Present Address of Registrant <u>Box 1842 Boise, Ida</u>	
					12. Signature of Notary <u>Maude Nelson</u>	
					13. Notary Commission expires <u>May 7 1957</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document		By whom issued and signed		Date issued
	Certificate of Baptism		L. D. S.		Baptized
Class* <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Date Orig. Entry
	<u>Mch 21, 1891</u>	<u>Soda Springs, Idaho</u>	<u>Ann Petersen</u>		<u>June 3, 1899</u>
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed		Date issued
	Child's birth certificate		Division of Vital Statistics, Boise, Idaho		
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Date Orig. Entry
	<u>21 yrs</u>	<u>Idaho</u>	#11864		<u>Jan. 4, 1913</u>
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued
	Affidavit by Sister		Maude Nelson Robbins		
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Date Orig. Entry
	<u>March 21, 1891</u>	<u>Soda Springs, Idaho</u>	<u>Ann Peterson</u>		<u>Mar. 15, 1955</u>
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Maude Nelson</u>		Date Filed <u>3-21-55</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

MAR 22 1955

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-264
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Joseph Marvin Sparks</u>			2. Date of Birth (month) (day) (year) <u>September 11 1891</u>	
	3. Color or Race <u>White</u>	4. Sex <u>M</u>	5. Place of Birth <u>Bear Lake County</u>	6. City or Town of Birth <u>Dingle, Idaho</u>	
FATHER	6. Full Name of Father <u>John H. Sparks</u>			7. State or Country of Father's Birth <u>Paris, Bear Lake County, Idaho</u>	
MOTHER	8. Full Maiden Name of Mother <u>Henrietta Dayton</u>			9. State or Country of Mother's Birth <u>Cedarfort, Utah</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Joseph Marvin Sparks</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Mar 22, 1954</u>			11. Present Address of Registrant <u>512 Washington Street Montpelier, Idaho</u> 12. Signature of Notary <u>S. Standacker</u> 13. Notary Commission expires <u>June 1, 1955</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1- Class <u>A</u>	Type of Document <u>Church Record</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued entered <u>Dec. 3, 1891</u>
	Date of Birth <u>Sept. 11, 1891</u>	Birth Place <u>Dingle, Idaho</u>	Full Name of Mother <u>Henerett Dayton</u>		Name of Father <u>John H. Sparks</u>
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document <u>Church record of</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued <u>Baptized</u>
	Date of Birth <u>Sept. 11, 1891</u>	Birth Place <u>Dingle, Idaho</u>	Full Name of Mother <u>Heneretta Dayton</u>		Date Orig. Entry <u>July 1, 1900</u>
SUPPORTING RECORD 3- Class <u>A</u>	Type of Document <u>Record kept by</u>		By whom issued and signed <u>Midwife</u>		Date issued <u>Sept. 11, 1891</u>
	Date of Birth <u>Sept. 11, 1891</u>	Birth Place <u>Dingle, Idaho</u>	Full Name of Mother <u>Mrs. Nettie Sparks</u>		Name of Father <u>John H. Sparks</u>
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)					
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			Evidence reviewed by <u>W. W. Benson</u>		
State Registrar <u>W. W. Benson</u>			Date Filed <u>3-21-55</u>		

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF OHIO		COUNTY OF CUYAHOGA		CITY OF CLEVELAND	
<p>1. Name of Person: John H. Sparks</p> <p>2. Date of Birth: 1881</p> <p>3. Place of Birth: Ohio</p> <p>4. Date of Marriage: 1881</p> <p>5. Name of Spouse: John H. Sparks</p>		<p>6. Name of Person: John H. Sparks</p> <p>7. Date of Birth: 1881</p> <p>8. Place of Birth: Ohio</p> <p>9. Date of Marriage: 1881</p> <p>10. Name of Spouse: John H. Sparks</p>		<p>11. Name of Person: John H. Sparks</p> <p>12. Date of Birth: 1881</p> <p>13. Place of Birth: Ohio</p> <p>14. Date of Marriage: 1881</p> <p>15. Name of Spouse: John H. Sparks</p>	
<p>16. Name of Person: John H. Sparks</p> <p>17. Date of Birth: 1881</p> <p>18. Place of Birth: Ohio</p> <p>19. Date of Marriage: 1881</p> <p>20. Name of Spouse: John H. Sparks</p>		<p>21. Name of Person: John H. Sparks</p> <p>22. Date of Birth: 1881</p> <p>23. Place of Birth: Ohio</p> <p>24. Date of Marriage: 1881</p> <p>25. Name of Spouse: John H. Sparks</p>		<p>26. Name of Person: John H. Sparks</p> <p>27. Date of Birth: 1881</p> <p>28. Place of Birth: Ohio</p> <p>29. Date of Marriage: 1881</p> <p>30. Name of Spouse: John H. Sparks</p>	
<p>31. Name of Person: John H. Sparks</p> <p>32. Date of Birth: 1881</p> <p>33. Place of Birth: Ohio</p> <p>34. Date of Marriage: 1881</p> <p>35. Name of Spouse: John H. Sparks</p>		<p>36. Name of Person: John H. Sparks</p> <p>37. Date of Birth: 1881</p> <p>38. Place of Birth: Ohio</p> <p>39. Date of Marriage: 1881</p> <p>40. Name of Spouse: John H. Sparks</p>		<p>41. Name of Person: John H. Sparks</p> <p>42. Date of Birth: 1881</p> <p>43. Place of Birth: Ohio</p> <p>44. Date of Marriage: 1881</p> <p>45. Name of Spouse: John H. Sparks</p>	
<p>46. Name of Person: John H. Sparks</p> <p>47. Date of Birth: 1881</p> <p>48. Place of Birth: Ohio</p> <p>49. Date of Marriage: 1881</p> <p>50. Name of Spouse: John H. Sparks</p>		<p>51. Name of Person: John H. Sparks</p> <p>52. Date of Birth: 1881</p> <p>53. Place of Birth: Ohio</p> <p>54. Date of Marriage: 1881</p> <p>55. Name of Spouse: John H. Sparks</p>		<p>56. Name of Person: John H. Sparks</p> <p>57. Date of Birth: 1881</p> <p>58. Place of Birth: Ohio</p> <p>59. Date of Marriage: 1881</p> <p>60. Name of Spouse: John H. Sparks</p>	

MAY 5 1955 STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

Division of Vital Statistics

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth HARLEY LEROY WELLS				2. Date of Birth (month) Aug (day) 28 (year) 1891		
	3. Color or Race white	4. Sex Male	5. Place of Birth Salubina Idaho		a. County Salubina		
FATHER	6. Full Name of Father Nathaniel Harley Wells				7. Date of Father's Birth April 30 1865		
MOTHER	8. Full Maiden Name of Mother Zona Benson				9. State or Country of Mother's Birth Iowa		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant + Harley Wells		11. Present Address of Registrant Richland Oregon
NOTARY (Seal)	Subscribed and sworn to before me on April 22 1955				12. Signature of Notary [Signature]		13. Notary Commission expires NOTARY PUBLIC FOR OREGON My Commission Expires April 5, 1959

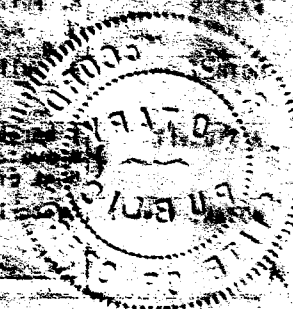
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Bible Record		By whom issued and signed viewed by Family Bible Edith Kerns	Date issued Aug. 28, 1891	Date Orig. Entry 1891
	Date of Birth Aug. 28, 1891	Birth Place Salubina, Idaho	Full Name of Mother Notary	Name of Father	
SUPPORTING RECORD 2.	Type of Document Affidavit by sister		By whom issued and signed Delilah M. Wells Henley	Date issued Apr. 11, 1955	Date Orig. Entry 1955
	Date of Birth Aug. 28, 1891	Birth Place Salubina, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by [Signature]	Date Filed May 5, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.

Class B Records are those made after the fourth birthday but are at least 5 years old.

MAY 5 1955

[illegible]

1944-1945
 Processed 10/1/45
 Date of birth 10/1/45
 Annuity, 1941, 82, 100
 Amount to pay
 Affiliated by
 Date of birth 10/1/45
 Annuity, 1941, 82, 100
 Amount to pay

[illegible]

1. Review of the evidence in the case of the defendant, who is charged with the crime of murder, is being conducted by the jury. The evidence is being presented in the form of a transcript of the proceedings of the trial. The jury is to determine the guilt or innocence of the defendant based on the evidence presented. The evidence is being presented in the form of a transcript of the proceedings of the trial. The jury is to determine the guilt or innocence of the defendant based on the evidence presented.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 584
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>WILLIAM WARN KORTS</u>				2. Date (month) (day) (year) Birth <u>June</u> <u>20</u> <u>1891</u>		
	3. Color or Race <u>W</u>	4. Sex <u>M</u>	5. Place of Birth a. County <u>Ada</u>		b. City or Town of Birth <u>Boise</u>		
FATHER	6. Full Name of Father <u>William Alfred Korts</u>				7. State or Country of Father's Birth <u>Washington D.C.</u>		
MOTHER	8. Full Maiden Name of Mother <u>Fanny Johnson</u>				9. State or Country of Mother's Birth <u>Salt Lake City, Utah</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>W.W. Korts</u>		11. Present Address of Registrant <u>4408 Foreman Ave</u> <u>North Hollywood, Cal</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>June 15 1955</u>				12. Signature of Notary <u>Clayton Sch</u>		13. Notary Commission expires <u>Clayton Sch</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document <u>Army Discharge Papers</u>		By whom issued and signed <u>The United States Army</u>		Date issued <u>Jan. 24, 1919</u>	Date Orig. Entry	
	Date of Birth <u>26 yrs. old</u> <u>when enlisted in 1917</u>	Birth Place <u>Boise, Idaho</u>	Full Name of Mother		Name of Father		
SUPPORTING RECORD 2.	Type of Document <u>Census Record</u>		By whom issued and signed <u>Bureau of the Census</u> <u>Washington D.C.</u>		Date issued	Date Orig. Entry <u>Census of 1900</u>	
	Date of Birth <u>June 1891</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Fannie C. Korts</u>		Name of Father <u>William A. Korts</u>		
SUPPORTING RECORD 3.	Type of Document <u>Marriage License</u>		By whom issued and signed <u>State of California</u>		Date issued <u>Mar. 31, 1919</u>	Date Orig. Entry	
	Date of Birth <u>27 yrs. old</u>	Birth Place <u>Idaho</u>	Full Name of Mother		Name of Father		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Joanne Hallstrom</u>			Date Filed <u>6/15/55</u>	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 55 606
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Ora Edna Sutton</u>					2. Date (month) (day) (year) Of Birth <u>January 14 1891</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Idaho, Wash.</u>		a. County <u>Salubria</u>			
FATHER	6. Full Name of Father <u>James Henry Sutton</u>					7. State or Country of Father's Birth <u>Missouri</u>		
MOTHER	8. Full Maiden Name of Mother <u>Martha Jane South</u>					9. State or Country of Mother's Birth <u>Oregon</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Edna Ford</u>		11. Present Address of Registrant <u>Boise, Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>June 23 1955</u>					12. Signature of Notary <u>Lee Edison</u>		13. Notary Commission expires <u>March 25 1957</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Family Bible Record</u>		By whom issued and signed <u>Mother</u>		Date issued	Date Orig. Entry <u>Jan. 14, 1891</u>
	Date of Birth <u>Jan. 14, 1891</u>	Birth Place	Full Name of Mother <u>Marth Jane South</u>		Name of Father <u>James Henry Sutton</u>	
SUPPORTING RECORD 2-	Type of Document <u>Affidavit by Sister</u>		By whom issued and signed <u>Olive Gladhart</u>		Date issued <u>June 23, 1955</u>	Date Orig. Entry
	Date of Birth <u>Jan. 14, 1891</u>	Birth Place <u>Salubria, Ida.</u>	Full Name of Mother <u>Martha Jane South</u>		Name of Father <u>James Henry Sutton</u>	
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING
INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Joanne Hallstrom</u>	Date Filed <u>6/23/55</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAWARE CERTIFICATE OF BIRTH

NOV 24 1951

Name of Child		Date of Birth		Place of Birth	
John William		November 24, 1951		New Castle, Delaware	
Sex		Age		Maiden Name of Mother	
Male		Infant		Margaret Ann	
Father's Name		Mother's Name		Date of Marriage	
John William		Margaret Ann		November 10, 1948	
Occupation of Father		Occupation of Mother		Signature of Registrar	
None		None		[Signature]	
Date of Birth		Place of Birth		Date of Birth	
November 24, 1951		New Castle, Delaware		November 24, 1951	
Sex		Age		Maiden Name of Mother	
Male		Infant		Margaret Ann	
Father's Name		Mother's Name		Date of Marriage	
John William		Margaret Ann		November 10, 1948	
Occupation of Father		Occupation of Mother		Signature of Registrar	
None		None		[Signature]	



This is to certify that the foregoing is a true and correct copy of the original record as the same appears in the files of the Department of Health, State of Delaware.

Witness my hand and the seal of the Department of Health, at Dover, Delaware, this 24th day of November, 1951.

Registrar

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 - 645
Local Reg. No. _____
Reg. Dist. No. _____

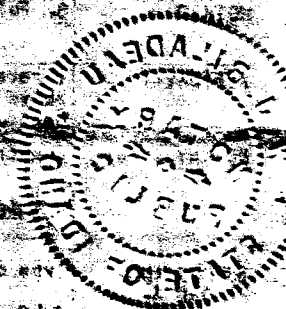
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Louis Abner Hoalst			2. Date (month) (day) (Year) Of May 14 14 1891 Birth	
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Grouse, Idaho Custer	b. City or Town of Birth Grouse	
FATHER	6. Full Name of Father Charles Rufus Hoalst			7. State or Country of Father's Birth Denmark	
MOTHER	8. Full Maiden Name of Mother Ruth Permelia Taylor			9. State or Country of Mother's Birth North Carolina	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>L.A. Hoalst</i>	
NOTARY (Seal)	Subscribed and sworn to before me on July 6th 1955			11. Present Address of Registrant Grand View Idaho	
	12. Signature of Notary <i>W.B. Biladuan</i>			13. Notary Commission expires 11-29-1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Life Insurance Policy		By whom issued and signed Occidental Life Ins. co.		Date issued 3-12-1934
	Date of Birth May 14, 1891	Birth Place Idaho	Full Name of Mother		Date Orig. Entry 3-12-1934
SUPPORTING RECORD 2.	Type of Document Child's Birth Certificate		By whom issued and signed Div. of Vital Statistics		Date issued 4-27-1920
	Date of Birth Age 28	Birth Place Grouse, Idaho	Full Name of Mother Idaho #16580		Date Orig. Entry 4-27-1920
SUPPORTING RECORD 3.	Type of Document Affidavit by Cousin		By whom issued and signed J. W. Stoddard		Date issued 6-25-1955
	Date of Birth May 14, 1891	Birth Place Grouse, Idaho	Full Name of Mother Ruth Permelia Taylor		Date Orig. Entry Charles Rufus Hoalst
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)					
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			State Registrar <i>W.B. Benson</i>		Evidence reviewed by Joyce B. Foltz
					Date Filed July 7, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DEFERRED CERTIFICATE OF BIRTH
STATE OF TEXAS

JUL 8 1955



THIS CERTIFICATE is hereby
certified that the within
copy is a true and correct
copy of the original
filed in the office of the
Registrar of Births, Deaths
and Marriages, State of Texas,
at Austin, Texas, on the
8th day of July, 1955.



JAMES B. WHITE

NOTED: This certificate is valid only when used in connection with the original birth record and is not to be used as a substitute therefor.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-674
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>OLLIE MAUDE SHELTON</u>				2. Date (month) (day) (year) Of Birth <u>DEC.</u> <u>12</u> <u>1891</u>	
	3. Color or Race <u>W</u>	4. Sex <u>F</u>	5. Place of Birth <u>ADA</u>		a. County <u>STAR</u>	
FATHER	6. Full Name of Father <u>FRANCIS MARION SHELTON</u>				7. State or Country of Father's Birth <u>OREGON</u>	
MOTHER	8. Full Maiden Name of Mother <u>NETTIE MAUDE HIGGINS</u>				9. State or Country of Mother's Birth <u>NEVADA</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Ollie Maude Shelton</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>9th July 1955</u>				11. Present Address of Registrant <u>MT. RT. EMMETT, IDAHO</u>	
	12. Signature of Notary <u>S. J. J. J.</u>				13. Notary Commission expires <u>20 July 1957</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>affidavit by mother</u>		By whom issued and signed <u>Nettie Maude Shelton</u>		Date issued <u>7-15-55</u>
	Date of Birth <u>Dec. 12, 1891</u>	Birth Place <u>Star, Idaho</u>	Full Name of Mother <u>Nettie Maude Shelton</u>		Name of Father <u>Francis Marion Shelton</u>
SUPPORTING RECORD 2.	Type of Document <u>application for insurance</u>		By whom issued and signed <u>Reserve Life Insurance</u>		Date issued <u>Oct 25, 1951</u>
	Date of Birth <u>Dec. 12, 1891</u>	Birth Place <u>Dallas, Texas</u>	Full Name of Mother <u>Nettie Maude Shelton</u>		Name of Father <u>Francis Marion Shelton</u>
SUPPORTING RECORD 3.	Type of Document <u>child's birth certificate</u>		By whom issued and signed <u>State of Idaho</u>		Date issued <u>Aug. 16, 1920</u>
	Date of Birth <u>28 years old</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u># 83128</u>		Name of Father <u>child born</u>

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Betty Waller</u>	Date Filed <u>July 19, 1955</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Irene Sullivan			2. Date of Birth April 21 1891	
	3. Color or Race White	4. Sex female	5. Place of Birth Trout Creek Bannock	6. City or Town of Birth Trout Creek	
FATHER	6. Full Name of Father David D. Sullivan			7. State or Country of Father's Birth Indiana	
MOTHER	8. Full Maiden Name of Mother Caroline Calkins			9. State or Country of Mother's Birth Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Irene Sullivan "Westmeyer"</i>	
NOTARY (Seal)	Subscribed and sworn to before me on January 14 19 55			11. Present Address of Registrant Grace Idaho	
	12. Signature of Notary <i>[Signature]</i>			13. Notary Commission expires January 28 19 57	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Certificate of Baptism	By whom issued and signed L. D. S. Church	Date issued Baptized	Date Orig. Entry June 3, 1899
	Date of Birth Apr. 21, 1891	Birth Place Trout Creek, Idaho	Full Name of Mother Caroline Calkins	Name of Father David D. Sullivan
SUPPORTING RECORD 2-	Type of Document Census Record	By whom issued and signed Department of Commerce Bureau of the Census	Date issued	Date Orig. Entry Census of 1900, June 1
	Date of Birth April, 1891	Birth Place Idaho	Full Name of Mother Caroline Sullivan	Name of Father David Sullivan
SUPPORTING RECORD 3-	Type of Document application for insurance	By whom issued and signed Idaho Mutual Benefit Association	Date issued	Date Orig. Entry 4-24-36
	Date of Birth April 21, 1891	Birth Place Idaho	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. Benson</i>	Evidence reviewed by Betty Waller	Date Filed July 25, 1955

DELIVER CERTIFICATE OF BIRTH
STATE OF ILLINOIS

State of Illinois
Department of Public Health
Bureau of Vital Statistics
Chicago, Illinois

DATE OF BIRTH

5597-02-100

DATE OF BIRTH

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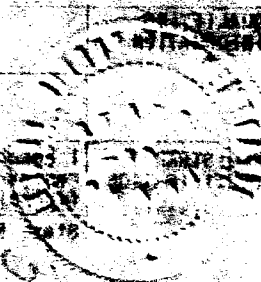
DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

I hereby certify that the foregoing is a true and correct copy of the original birth record as the same appears in the files of the Bureau of Vital Statistics, State of Illinois, for the year 1947.



5597-02-100

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-732
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth DELL JACKSON			2. Date (month) (day) (year) Of Birth July 1 1891	
	3. Color or Race White	4. Sex Female	5. Place of Birth Washington	b. City or Town of Birth Salubria	
FATHER	6. Full Name of Father George F. Jackson			7. State or Country of Father's Birth Indiana	
MOTHER	8. Full Maiden Name of Mother Florence Adel Vreeland			9. State or Country of Mother's Birth Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Dell Jackson</i>	
NOTARY (Seal)	Subscribed and sworn to before me on 11 August 1955			11. Present Address of Registrant 1815 Washington Boise	
				12. Signature of Notary <i>W W Benson</i>	
				13. Notary Commission expires July 31 1958	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Family Record Book - Mother		By whom issued and signed Mrs. Florence Jackson		Date issued July 1, 1891
	Date of Birth July 1, 1891	Birth Place Salubria	Full Name of Mother Florence Adell Vreeland		Name of Father George Franklin Jackson
SUPPORTING RECORD 2.	Type of Document insurance record		By whom issued and signed UNITED STATES OF AMERICA Government Life Insurance		Date issued July 26, 1927
	Date of Birth 36 years old	Birth Place	Full Name of Mother		Name of Father
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Name of Father
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W W Benson</i>		Evidence reviewed by Betty Waller		Date Filed August 11, 1955

DELETED STATE OF BIRTH

STATE OF BIRTH

Date of Birth: _____
Place of Birth: _____

1. Name of Person _____	2. Date of Birth _____	3. Place of Birth _____	4. State of Birth _____	5. Date of Death _____
6. Name of Mother _____		7. Name of Father _____		8. Date of Marriage _____
9. Name of Spouse _____		10. Date of Divorce _____		11. Date of Remarriage _____
12. Name of Child _____		13. Date of Birth _____		14. Place of Birth _____
15. Name of Child _____		16. Date of Birth _____		17. Place of Birth _____
18. Name of Child _____		19. Date of Birth _____		20. Place of Birth _____
21. Name of Child _____		22. Date of Birth _____		23. Place of Birth _____
24. Name of Child _____		25. Date of Birth _____		26. Place of Birth _____
27. Name of Child _____		28. Date of Birth _____		29. Place of Birth _____
30. Name of Child _____		31. Date of Birth _____		32. Place of Birth _____



I hereby certify that the foregoing is a true and correct copy of the record as the same appears in the Division of Vital Statistics of the State of _____, and that the same has been examined and found correct.

Date of Birth: _____
 Place of Birth: _____

AUG 15 1955

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Francis Marion Brew</i>				2. Date of Birth (month) (day) (year) <i>July 22 1891</i>	
	3. Color or Race <i>white</i>	4. Sex <i>F</i>	5. Place of Birth a. County <i>Hailey (Horn) Blaine</i>		b. City or Town of Birth <i>Hailey</i>	
FATHER	6. Full Name of Father <i>Thomas Henry Brew</i>				7. State or Country of Father's Birth <i>State of Man</i>	
MOTHER	8. Full Maiden Name of Mother <i>Sarah Jessie Carpenter</i>				9. State or Country of Mother's Birth <i>New York State</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Francis Marion Brew Dunlap</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>August 10th 1955</i>				11. Present Address of Registrant <i>421 3rd St NE Puyallup, WA</i>	
	12. Signature of Notary <i>Rex B. Dunlap</i>				13. Notary Commission expires <i>April 6th 1956</i>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1	Type of Document <i>Bible record</i>		By whom issued and signed <i>Family Bible viewed by Rex B. Dunlap, Notary</i>		Date issued <i>8-11-55</i>
	Date of Birth <i>July 22, 1891</i>	Birth Place <i>Hailey, Idaho</i>	Full Name of Mother <i>Public, State of Washington</i>		Name of Father
SUPPORTING RECORD 2	Type of Document <i>affidavit by uncle</i>		By whom issued and signed <i>Smith J. Carpenter</i>		Date issued <i>8-3-55</i>
	Date of Birth <i>July 22, 1891</i>	Birth Place <i>Hailey, Idaho</i>	Full Name of Mother <i>Sarah Jessie Carpenter</i>		Name of Father <i>Thomas Henry Brew</i>
SUPPORTING RECORD 3	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Name of Father

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. L. Benson</i>	Evidence reviewed by <i>Betty Waller</i>	Date Filed <i>August 16, 1955</i>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

CONFIDENTIAL

ENC 16-105

A circular postmark from Dublin, Ireland, dated 17 JUL 1964. The text "DUBLIN, IRELAND" is curved along the top inner edge, and "17 JUL 1964" is curved along the bottom inner edge. The center of the stamp contains the number "44".

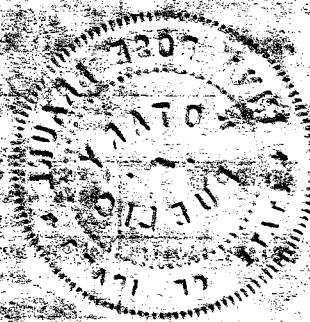
A circular ink stamp from the Federal Bureau of Investigation (FBI). The outer ring contains the words "DEPARTMENT OF JUSTICE" at the top and "FEDERAL BUREAU OF INVESTIGATION" at the bottom. In the center, there is a date stamp that reads "FEB 13 1963". Above the date, the word "RECEIVED" is partially visible, and below it, the number "103" is stamped. The stamp is slightly faded and has some irregular edges.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Hazel Elizabeth Marshall</i>					2. Date (month) (day) (year) Of Birth <i>May 2 1891</i>		
	3. Color or Race <i>White</i>	4. Sex <i>F</i>	5. Place of Birth <i>Coeur d'Alene</i>		a. County <i>Coeur d'Alene</i>			
FATHER	6. Full Name of Father <i>John E. Marshall</i>					7. State or Country of Father's Birth <i>Michigan</i>		
MOTHER	8. Full Maiden Name of Mother <i>Eva Beck</i>					9. State or Country of Mother's Birth <i>Indiana</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>Hazel E. Caldwell</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <i>August 18 1955</i>					11. Present Address of Registrant <i>719 Woodland Drive Coeur d'Alene Idaho</i>		
						12. Signature of Notary <i>Anna Rose Braune</i>		
						13. Notary Commission expires <i>June 22 1957</i>		

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1- Class <u>B</u>	Type of Document <i>school census record</i>		By whom issued and signed <i>County Board of Education Kootenai County</i>	Date issued <i>3-14-55</i>	Date Orig. Entry <i>census of July 16, 1898</i>
	Date of Birth <i>7 years old</i>	Birth Place	Full Name of Mother	Name of Father <i>John Marshall</i>	
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document <i>Federal Census Record</i>		By whom issued and signed <i>DEPARTMENT OF COMMERCE Bureau of the Census</i>	Date issued <i>8-8-55</i>	Date Orig. Entry <i>Census of 1900 June 1</i>
	Date of Birth <i>May 1891</i>	Birth Place <i>9 years old Idaho</i>	Full Name of Mother <i>Eva Marshall</i>	Name of Father <i>John Marshall</i>	
SUPPORTING RECORD 3- Class <u>A</u>	Type of Document <i>Bible Record</i>		By whom issued and signed <i>family Bible viewed by Anna Rose Braune, Notary</i>	Date issued <i>8-18-55</i>	Date Orig. Entry
	Date of Birth <i>May 2, 1891</i>	Birth Place	Full Name of Mother <i>State of Idaho</i>	Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Betty Waller</i>	Date Filed <i>Aug. 22, 1955</i>

AUG 29 1955



RECEIVED
DELETED CERTIFICATE OF BIRTH
STATE OF IDAHO
AUG 26 1955

State File No. De55-790
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Byron Howard Goodell				2. Date (month) (day) (year) Of Birth May 3 1891		
	3. Color or Race White	4. Sex male	5. Place of Birth a. County Lemhi		b. City or Town of Birth near Salmon, Idaho		
FATHER	6. Full Name of Father Ransom R. Goodell				7. State or Country of Father's Birth United States		
MOTHER	8. Full Maiden Name of Mother Marion Crouch				9. State or Country of Mother's Birth United States		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Byron H. Goodell</i>		11. Present Address of Registrant Butte, Montana
NOTARY (Seal)	Subscribed and sworn to before me on <i>July 30 1952</i>				12. Signature of Notary <i>Robert J. Dean</i>		13. Notary Commission expires <i>Aug. 8 1952</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document older affidavit by brother		By whom issued and signed Floyd Goodell	Date issued 8-22-55	Date Orig. Entry
	Date of Birth May 3, 1891	Birth Place Salmon, Idaho	Full Name of Mother Marion Crouch	Name of Father Byron H. Goodell	
SUPPORTING RECORD 2.	Type of Document Marriage license		By whom issued and signed STATE OF MONTANA County of Jefferson	Date issued	Date Orig. Entry 2-3-47
	Date of Birth May 3, 1891	Birth Place Salmon, Idaho	Full Name of Mother M. Crouch	Name of Father R. R. Goodell	
SUPPORTING RECORD 3.	Type of Document insurance application		By whom issued and signed NEW YORK LIFE INSURANCE CO. #10291164	Date issued	Date Orig. Entry 6-7-28
	Date of Birth May 3, 1891	Birth Place Salmon, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <i>W. L. Benson</i>	Evidence reviewed by Betty Waller	Date Filed Aug. 29, 1955
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* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

JUN 9 1955

STATE OF NEW YORK

1951

MAY

MAY

Office of State Health

Office of State Health

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Office of State Health



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D455-826
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth JOHN WILLIAM HORN				2. Date (month) (day) (year) Of Birth MARCH 1 1891	
	3. Color or Race WHITE	4. Sex MALE	5. Place of Birth SUBBLETT	a. County CASSIA	b. City or Town of Birth SUBBLETT IDAHO	
FATHER	6. Full Name of Father GEORGE HENRY HORN				7. State or Country of Father's Birth CRIDITON DOVENS, ENGLAND	
MOTHER	8. Full Maiden Name of Mother MARY TIMPY DAVIDSON				9. State or Country of Mother's Birth WASATCH, UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>John William Horn</i>	
NOTARY (Seal)	Subscribed and sworn to before me on August 2 19 54				11. Present Address of Registrant 980 KENTUCKY ST., GRIDLEY CALIF.	
	12. Signature of Notary <i>Gladys Hafferty</i> GLADYS HAFFERTY				13. Notary Commission expires September 26 19 57	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* <u>B</u>	Type of Document military record		By whom issued and signed U. S. ARMY	Date issued 7-8-55	Date Orig. Entry enlisted Sept. 24, 1917
	Date of Birth 26 years old	Birth Place Subblett, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class <u>B</u>	Type of Document church record		By whom issued and signed L. D. S. CHURCH	Date issued	Date Orig. Entry ordained Sept. 26, 1921
	Date of Birth March 1, 1891	Birth Place Sublett, Idaho Cassia County	Full Name of Mother Mary T. Davidson	Name of Father George H. Horn	
SUPPORTING RECORD 3. Class <u>B</u>	Type of Document family record sheet		By whom issued and signed photostatic copy viewed by this office	Date issued	Date Orig. Entry
	Date of Birth March 1, 1891	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by Betty Waller	Date Filed Sept. 13, 1955

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

SEP 13 1955

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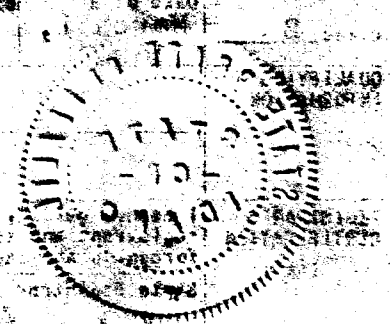
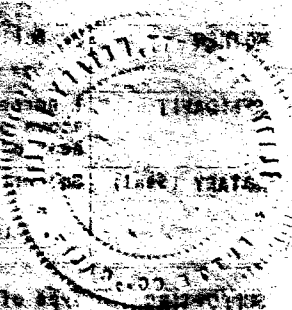
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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-859
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth CARRIE AMANDA CAMP				2. Date of Birth (month) (day) (year) September 28 1891	
	3. Color or Race white	4. Sex female	5. Place of Birth Idaho	a. County Latah	b. City or Town of Birth Moscow	
FATHER	6. Full Name of Father Elva Marshall Camp				7. State or Country of Father's Birth Springfield, Illinois	
MOTHER	8. Full Maiden Name of Mother Jamima Anna Walker				9. State or Country of Mother's Birth Sullivan County, Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Carrie Noble Duncan</i> <i>Carrie Amanda Camp</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Sept 22nd</i> 19 <i>55</i>				11. Present Address of Registrant <i>17209 E. 39th</i> <i>Portland 15 Ore.</i>	
	12. Signature of Notary <i>Jesse B. Deem</i>				13. Notary Commission expires <i>Mar 7th</i> 19 <i>58</i>	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* <u>B</u>	Type of Document affidavit by mother		By whom issued and signed Anna Camp	Date issued 8-27-41	Date Orig. Entry
	Date of Birth September 28, 1891	Birth Place Moscow, Idaho Latah County	Full Name of Mother Jamima Anna Walker	Name of Father Elva Marshall Camp	
SUPPORTING RECORD 2. Class <u>A</u>	Type of Document Bible Record		By whom issued and signed family Bible viewed by this office	Date issued	Date Orig. Entry near time of birth
	Date of Birth September 28, 1891	Birth Place	Full Name of Mother Jemima A. Walker	Name of Father Elva M. Camp	
SUPPORTING RECORD 3. Class <u>B</u>	Type of Document present Bible Record		By whom issued and signed family Bible of Frank Noble and Carrie Camp	Date issued	Date Orig. Entry married April 25, 1909
	Date of Birth September 28, 1891	Birth Place	Full Name of Mother Jemima Ann Walker	Name of Father Elva M. Camp	

QUALIFYING INFORMATION
Age Statement Request - SOCIAL SECURITY ADMINISTRATION - issued 3-31-54
for Mrs. Carrie Camp Duncan Noble; date of birth September 28, 1891

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. Benson</i>	Evidence reviewed by bw Betty Waller	Date Filed Sept. 27, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DEPT. OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
WASHINGTON, D. C.

SEP 27 1955

TO: SAC, NEW YORK
FROM: SAC, NEW YORK
SUBJECT: [Illegible]

RE: [Illegible]
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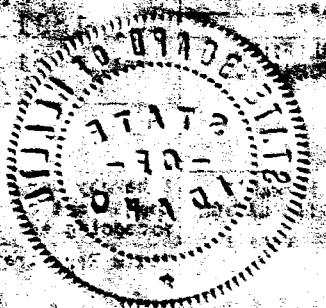
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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-881
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth John Vernon Eutsler				2. Date of Birth (month) (day) (year) August 21, 1891	
	3. Color or Race White	4. Sex M	5. Place of Birth a. County Latah		b. City or Town of Birth Moscow, Idaho	
FATHER	6. Full Name of Father Alexander Eutsler				7. State or Country of Father's Birth Colorado	
MOTHER	8. Full Maiden Name of Mother Ida May Spencer				9. State or Country of Mother's Birth California	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>John Vernon Eutsler</i>	
NOTARY (Seal)	Subscribed and sworn to before me on August 3 1955				11. Present Address of Registrant At 1 Box 862 Stockton Calif	
	12. Signature of Notary <i>Lester E. Rame</i>				13. Notary Commission expires Feb. 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document child's birth certificate		By whom issued and signed STATE OF CALIFORNIA #D-120		Date issued June 25, 1923
	Date of Birth 33 years old	Birth Place Idaho	Full Name of Mother Ida M. Eutsler		Name of Father Alexander Eutsler
SUPPORTING RECORD 2.	Type of Document census record		By whom issued and signed DEPARTMENT OF COMMERCE Bureau of the Census		Date issued 9-22-55
	Date of Birth August, 1891	Birth Place Idaho	Full Name of Mother Ida M. Eutsler		Date Orig. Entry Census of 1900, June 1
SUPPORTING RECORD 3.	Type of Document affidavit by aunt		By whom issued and signed Mrs. Alice Cooper		Date issued 7-22-55
	Date of Birth August 21, 1891	Birth Place Moscow, Idaho	Full Name of Mother Ida May Spencer		Date Orig. Entry Alexander Eutsler
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)					
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			State Registrar <i>W. W. Benham</i>		Evidence reviewed by Betty Waller
			Date Filed October 7, 1955		

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

RECEIVED

SEP 2 1955

CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De55-883
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth MYRTLE FRANCES WOMERSLEY				2. Date (month) (day) (year) Of Birth Feb. 9 1891		
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Bannock County		b. City or Town of Birth Pocatello		
FATHER	6. Full Name of Father ALEXANDER WOMERSLEY				7. State or Country of Father's Birth Massachusetts		
MOTHER	8. Full Maiden Name of Mother MARY FRANCES MARTIN WOMERSLEY				9. State or Country of Mother's Birth Massachusetts		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>(ms) Myrtle J. Pratt</i>		
NOTARY (Seal)	Subscribed and sworn to before me on April 13 1955				11. Present Address of Registrant ✓		
	12. Signature of Notary <i>Dona Church</i> NOTARY PUBLIC				13. Notary Commission expires Feb. 18, 1957		

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document marriage license		By whom issued and signed STATE OF CALIFORNIA City & County of San Francisco		Date Issued	Date Orig. Entry August 1, 1917	
	Date of Birth 26 years old	Birth Place	Full Name of Mother Francisco		Name of Father		
	Class <u>B</u>						
SUPPORTING RECORD 2.	Type of Document school record		By whom issued and signed DEER LODGE COUNTY, MONTANA Office of Co. Superintendent		Date Issued 2-7-55	Date Orig. Entry year of 1897	
	Date of Birth 6 years old	Birth Place	Full Name of Mother Mary Womersley		Name of Father Alec Womersley		
	Class <u>B</u>						
SUPPORTING RECORD 3.	Type of Document affidavit by older sister		By whom issued and signed Mary E. Pierce		Date Issued 9-30-55	Date Orig. Entry	
	Date of Birth February 9, 1891	Birth Place Pocatello, Idaho Bannock County	Full Name of Mother Mary Francis Womersley		Name of Father Alexander Womersley		
	Class <u>B</u>						

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. Benson</i>	Evidence reviewed by BW Betty Waller	Date Filed October 7, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Georgia Ann Dunham				2. Date (month) (day) (year) Of Birth Sept 20 1891		
	3. Color or Race white	4. Sex female	5. Place of Birth Idaho	a. County Latah	b. City or Town of Birth Troy		
FATHER	6. Full Name of Father Joseph Rollin Dunham				7. State or Country of Father's Birth Ohio		
MOTHER	8. Full Maiden Name of Mother Adellah Gammon				9. State or Country of Mother's Birth Missouri		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Georgia Ann Dunham</i>		
NOTARY (Seal)	Subscribed and sworn to before me on October 10, 1955				11. Present Address of Registrant Pomeroy, Washington		
	12. Signature of Notary <i>Cliff B. Vail</i>				13. Notary Commission expires Sept. 17 1958		

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document letter re family record		By whom issued and signed Adellah Dunham		Date issued	Date Orig. Entry 3-2-27	
	Date of Birth September 20, 1891	Birth Place	Full Name of Mother Martha Adellah Dunham		Name of Father Joseph Rollin Dunham		
SUPPORTING RECORD 2.	Type of Document census record		By whom issued and signed DEPARTMENT OF COMMERCE Bureau of the Census		Date issued 10-4-55	Date Orig. Entry Census of 1920, Jan. 1	
	Date of Birth 28 years old	Birth Place Idaho	Full Name of Mother		Name of Father		
SUPPORTING RECORD 3.	Type of Document son's birth certificate		By whom issued and signed STATE OF IDAHO #59331		Date issued 5-27-55	Date Orig. Entry child born April 24, 1918	
	Date of Birth 26 years old	Birth Place Troy, Idaho	Full Name of Mother		Name of Father		

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by Betty Waller	Date Filed October 17, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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Georgia and Kentucky

Labor

White House

Ohio

Joseph William

Abelard Nelson

Washington, D.C.

Sept. 14, 1955

October 10, 1955

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Abelard Nelson

Abelard Nelson

Division of the General

General Nelson

1955

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STATE OF OHIO

State of Ohio

1955

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STATE OF OHIO

State of Ohio



October 17, 1955

Letter dated

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-918
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Lulu Curtis</u>			2. Date (month) (day) (year) <u>June 4th 1891</u>	
	3. Color of Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Idaho</u>	6. County <u>Bingham</u>	
FATHER	6. Full Name of Father <u>Henry W. Curtis</u>			7. State or Country of Father's Birth <u>London England</u>	
MOTHER	8. Full Maiden Name of Mother <u>Agnes E. Millen</u>			9. State or Country of Mother's Birth <u>Blue Earth Minnesota</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Lulu Curtis Brown</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>October 4, 1955</u>			11. Present Address of Registrant <u>5941 Alhambra San Diego California</u>	
				12. Signature of Notary <u>John W. Jones</u>	
				13. Notary Commission expires <u>July 17, 1957</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>family record</u>		By whom issued and signed <u>photostatic copy viewed by this office</u>		Date issued
	Date of Birth <u>June 4, 1891</u>	Birth Place <u>Blackfoot, Idaho</u>	Full Name of Mother <u>Mrs. H. W. Curtis</u>		Date Orig. Entry <u>H. W. Curtis</u>
SUPPORTING RECORD 2.	Type of Document <u>statement re church record</u>		By whom issued and signed <u>St. Paul's Episcopal Church Blackfoot, Frank A. Rhea Bishop</u>		Date issued <u>10-16-55</u>
	Date of Birth <u>June 4, 1891</u>	Birth Place <u>Blackfoot, Idaho</u>	Full Name of Mother <u>Agnes Curtis</u>		Date Orig. Entry <u>baptized March 11, 1908</u>
SUPPORTING RECORD 3.	Type of Document <u>affidavit by friend of family</u>		By whom issued and signed <u>Gregory Jones</u>		Date issued <u>10-18-55</u>
	Date of Birth <u>June 4, 1891</u>	Birth Place <u>Blackfoot, Idaho</u>	Full Name of Mother <u>Agnes E. Millen</u>		Date Orig. Entry <u>Henry W. Curtis</u>
QUALIFYING INFORMATION	reference in above affidavit to newspaper item appearing in The Idaho News published in Blackfoot, Idaho; date of newspaper: Saturday, June 6, 1891				
	states that a daughter was born to Mr. and Mrs. Henry Curtis the preceding Thursday.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Betty Waller</u>		Date Filed <u>October 20, 1891</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-968
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Lawrence Wadsworth</i>				2. Date (month) (day) (year) of Birth <i>Feb 12 1891</i>	
	3. Color or Race <i>white</i>	4. Sex <i>male</i>	5. Place of Birth <i>Taylor Bingham</i>		b. City or Town of Birth	
FATHER	6. Full Name of Father <i>Abiah Wadsworth</i>				7. State or Country of Father's Birth <i>Utah</i>	
MOTHER	8. Full Maiden Name of Mother <i>Sarah Cornelia Robinson</i>				9. State or Country of Mother's Birth <i>Utah</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Lawrence Wadsworth</i>	11. Present Address of Registrant <i>350 W 17 St Idaho Falls</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>November 8 1955</i>				12. Signature of Notary <i>Lucas E. Munn</i>	13. Notary Commission expires <i>May 4 1956</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document son's birth certificate		By whom issued and signed STATE OF IDAHO #202930	Date issued	Date Orig. Entry child born May 29, 1932
	Date of Birth 41 years old	Birth Place Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document church record		By whom issued and signed L. D. S. CHURCH	Date issued	Date Orig. Entry ordained Jan. 18, 1915
	Date of Birth February 12, 1891	Birth Place Taylor, Idaho Bingham County	Full Name of Mother Sarah C. Robinson	Name of Father Abiah Wadsworth	
SUPPORTING RECORD 3.	Type of Document military record		By whom issued and signed U. S. ARMY	Date issued	Date Orig. Entry inducted Sept. 23, 1918
	Date of Birth 27 years old	Birth Place Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)					
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			Evidence reviewed by Betty Waller		Date Filed November 10 1955
State Registrar <i>W. L. Benson</i>					

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAWARE CERTIFICATE OF BIRTH

STATE OF DELAWARE

Division of Vital Statistics

DATE: 1965

TIME: 12:00 PM

NOV 17 1965

1. Name of child: [illegible]

2. Sex: [illegible]

3. Date of birth: [illegible]

4. Time of birth: [illegible]

5. Place of birth: [illegible]

6. Signature of mother: [illegible]

7. Signature of physician: [illegible]

8. Signature of hospital: [illegible]

9. Signature of registrar: [illegible]

10. Signature of clerk: [illegible]

11. Signature of [illegible]: [illegible]

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35. Signature of [illegible]: [illegible]

1. Name of child: [illegible]

2. Sex: [illegible]

3. Date of birth: [illegible]

4. Time of birth: [illegible]

5. Place of birth: [illegible]

6. Signature of mother: [illegible]

7. Signature of physician: [illegible]

8. Signature of hospital: [illegible]

9. Signature of registrar: [illegible]

10. Signature of clerk: [illegible]

11. Signature of [illegible]: [illegible]

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1029
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Gordon Wallace Vaughn				2. Date (month) (day) (year) Of Birth March 12 1891			
	3. Color or Race White	4. Sex Male	5. Place of Birth Caribou		6. City or Town of Birth Soda Springs			
FATHER	6. Full Name of Father James Harvey Vaughn				7. State or Country of Father's Birth Kentucky			
MOTHER	8. Full Maiden Name of Mother Mary Ann Robbins				9. State or Country of Mother's Birth England			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Gordon Wallace Vaughn</i>		11. Present Address of Registrant Pingree, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on November 17, 1955				12. Signature of Notary <i>Earl H. Perry</i>		13. Notary Commission expires February 8th, 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1-	Type of Document marriage license affidavit		By whom issued and signed STATE OF IDAHO COUNTY OF BINGHAM		Date issued 9-29-54	Date Orig. Entry April 15 1914	
	Date of Birth 23 years old	Birth Place	Full Name of Mother		Name of Father		
Class* B							
SUPPORTING RECORD 2-	Type of Document affidavit by older sister		By whom issued and signed Mary Vaugh Smith		Date issued 11-19-55	Date Orig. Entry	
	Date of Birth March 12 1891	Birth Place Soda Springs, Idaho Caribou County	Full Name of Mother Mary Ann Robbins		Name of Father James Harvey Vaughn		
Class B							
SUPPORTING RECORD 3-	Type of Document insurance policy		By whom issued and signed WOODMEN OF THE WORLD #353954		Date issued	Date Orig. Entry April 19 1919	
	Date of Birth 28 years old	Birth Place	Full Name of Mother		Name of Father		
Class B							
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <i>W W Benson</i>		Evidence reviewed by Betty Waller			Date Filed November 25 1955	

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

A circular postmark from New York, dated 17 APR 1901. The text "NEW YORK" is at the top, "17 APR 1901" is in the center, and "N.Y." is at the bottom.[illegible]

1933
 November 25
 Date Filed
 1933

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Samuel William Gundaker</u>				2. Date (month) (day) (year) Of Birth <u>July</u> <u>4</u> <u>1891</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Boise Idaho</u>		a. County <u>Boise Idaho</u>		
FATHER	6. Full Name of Father <u>Samuel William Gundaker</u>				7. State or Country of Father's Birth <u>United States of America</u>		
MOTHER	8. Full Maiden Name of Mother <u>Mary Gundaker</u>				9. State or Country of Mother's Birth <u>United States of America</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Samuel W Gundaker</u>		11. Present Address of Registrant <u>302 Sanson St San Francisco Calif</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>NOV. 5</u> 19 <u>55</u>				12. Signature of Notary <u>T. A. Stupor</u>		13. Notary Commission expires <u>10/22</u> 19 <u>56</u>

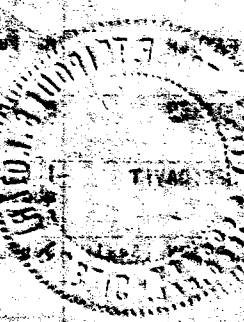
APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document affidavit by mother		By whom issued and signed MARY GUNDAKER		Date issued 8-23-39	Date Orig. Entry
	Date of Birth July 4 1891	Birth Place Boise, Idaho	Full Name of Mother Mary Gundaker		Name of Father	
SUPPORTING RECORD 2.	Type of Document statement re employment record		By whom issued and signed BETHLEHEM PACIFIC COAST STEEL CORPORATION, San		Date issued 11-22-55	Date Orig. Entry first employ ^{ed} 2-15-1927
	Date of Birth July 4 1891	Birth Place	Full Name of Mother Francisco		Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION	lodge record, statement re: SAN FRANCISCO LODGE NO. 68, I.A. of M. issued: 11-22-55; joined December, 1931; birthdate: July 4, 1891 birthplace: State of Idaho					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W W Benson</u>		Evidence reviewed by bw Betty Waller			Date Filed December 9 1955

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF ILLINOIS

<p>1. Name of child at birth</p>		<p>2. Date of birth</p>	
<p>3. Place of birth</p>		<p>4. Sex</p>	
<p>5. Name of father</p>		<p>6. Name of mother</p>	
<p>7. Date of marriage of father and mother</p>		<p>8. Date of birth of child</p>	
<p>9. Name of father at birth</p>		<p>10. Name of mother at birth</p>	
<p>11. Date of birth of father</p>		<p>12. Date of birth of mother</p>	
<p>13. Name of father at death</p>		<p>14. Name of mother at death</p>	
<p>15. Date of death of father</p>		<p>16. Date of death of mother</p>	
<p>17. Name of father at present</p>		<p>18. Name of mother at present</p>	
<p>19. Date of birth of father at present</p>		<p>20. Date of birth of mother at present</p>	
<p>21. Name of father at present</p>		<p>22. Name of mother at present</p>	
<p>23. Date of birth of father at present</p>		<p>24. Date of birth of mother at present</p>	
<p>25. Name of father at present</p>		<p>26. Name of mother at present</p>	
<p>27. Date of birth of father at present</p>		<p>28. Date of birth of mother at present</p>	
<p>29. Name of father at present</p>		<p>30. Name of mother at present</p>	
<p>31. Date of birth of father at present</p>		<p>32. Date of birth of mother at present</p>	
<p>33. Name of father at present</p>		<p>34. Name of mother at present</p>	
<p>35. Date of birth of father at present</p>		<p>36. Date of birth of mother at present</p>	
<p>37. Name of father at present</p>		<p>38. Name of mother at present</p>	
<p>39. Date of birth of father at present</p>		<p>40. Date of birth of mother at present</p>	
<p>41. Name of father at present</p>		<p>42. Name of mother at present</p>	
<p>43. Date of birth of father at present</p>		<p>44. Date of birth of mother at present</p>	
<p>45. Name of father at present</p>		<p>46. Name of mother at present</p>	
<p>47. Date of birth of father at present</p>		<p>48. Date of birth of mother at present</p>	
<p>49. Name of father at present</p>		<p>50. Name of mother at present</p>	
<p>51. Date of birth of father at present</p>		<p>52. Date of birth of mother at present</p>	
<p>53. Name of father at present</p>		<p>54. Name of mother at present</p>	
<p>55. Date of birth of father at present</p>		<p>56. Date of birth of mother at present</p>	
<p>57. Name of father at present</p>		<p>58. Name of mother at present</p>	
<p>59. Date of birth of father at present</p>		<p>60. Date of birth of mother at present</p>	
<p>61. Name of father at present</p>		<p>62. Name of mother at present</p>	
<p>63. Date of birth of father at present</p>		<p>64. Date of birth of mother at present</p>	
<p>65. Name of father at present</p>		<p>66. Name of mother at present</p>	
<p>67. Date of birth of father at present</p>		<p>68. Date of birth of mother at present</p>	
<p>69. Name of father at present</p>		<p>70. Name of mother at present</p>	
<p>71. Date of birth of father at present</p>		<p>72. Date of birth of mother at present</p>	
<p>73. Name of father at present</p>		<p>74. Name of mother at present</p>	
<p>75. Date of birth of father at present</p>		<p>76. Date of birth of mother at present</p>	
<p>77. Name of father at present</p>		<p>78. Name of mother at present</p>	
<p>79. Date of birth of father at present</p>		<p>80. Date of birth of mother at present</p>	
<p>81. Name of father at present</p>		<p>82. Name of mother at present</p>	
<p>83. Date of birth of father at present</p>		<p>84. Date of birth of mother at present</p>	
<p>85. Name of father at present</p>		<p>86. Name of mother at present</p>	
<p>87. Date of birth of father at present</p>		<p>88. Date of birth of mother at present</p>	
<p>89. Name of father at present</p>		<p>90. Name of mother at present</p>	
<p>91. Date of birth of father at present</p>		<p>92. Date of birth of mother at present</p>	
<p>93. Name of father at present</p>		<p>94. Name of mother at present</p>	
<p>95. Date of birth of father at present</p>		<p>96. Date of birth of mother at present</p>	
<p>97. Name of father at present</p>		<p>98. Name of mother at present</p>	
<p>99. Date of birth of father at present</p>		<p>100. Date of birth of mother at present</p>	



I hereby certify that no other child has been found in the Division of Vital Statistics for this
 registration and that documentary evidence has been reviewed, which as required the facts as set forth in the
 foregoing statement.
 State Registrar
 Evidence reviewed by
 Betty Miller
 December 9, 1931
 Date filed
 December 9, 1931
 I hereby certify that no other child has been found in the Division of Vital Statistics for this
 registration and that documentary evidence has been reviewed, which as required the facts as set forth in the
 foregoing statement.
 State Registrar
 Evidence reviewed by
 Betty Miller
 December 9, 1931
 Date filed
 December 9, 1931

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De55-1075

Local Reg. No. _____

Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Ida Pearl Dimick				2. Date (month) (day) (year) Of Birth July 1 1891		
	3. Color or Race White	4. Sex F	5. Place of Birth Idaho	a. County Bear Lake	b. City or Town of Birth Wardboro		
FATHER	6. Full Name of Father William Albert Dimick				7. State or Country of Father's Birth Idaho, Paris		
MOTHER	8. Full Maiden Name of Mother Ida I. Stuart				9. State or Country of Mother's Birth Alabama, Blunt Co.		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Ida Pearl Dimick Bundy</i>		11. Present Address of Registrant 334 Washington, Montpelier, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on October 21, 1955				12. Signature of Notary <i>Ruth Aland</i>		13. Notary Commission expires March 6, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document affidavit by aunt		By whom issued and signed Rachel Dalrymble	Date issued 10-21-55	Date Orig. Entry
	Date of Birth July 1 1891	Birth Place Wardboro, Idaho Bear Lake County	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2-	Type of Document church record		By whom issued and signed L. D. S. CHURCH	Date issued 9-21-44	Date Orig. Entry baptized July 9, 1899
	Date of Birth July 1 1891	Birth Place Wardoro, Idaho Bear Lake County	Full Name of Mother Ida I. Stuart	Name of Father Albert William Dimick	
SUPPORTING RECORD 3-	Type of Document statement re lodge record		By whom issued and signed WOMEN OF THE MOOSE Montpelier Chapter 898	Date issued 12-7-55	Date Orig. Entry May 14, 1936 to March 13,
	Date of Birth July 1 1891	Birth Place	Full Name of Mother	Name of Father 1941	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by bw Betty Waller	Date Filed December 12 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED CERTIFICATE OF BIRTH

AT BIRMINGHAM

1955 4 1

1951

July

Birth

1955 4 1

Ward

Idaho
State of County of Blaine
Blaine Co.

Idaho
State of County of Blaine
Blaine Co.



March 6, 1955

Date issued
1955-03-06

1955-03-06

Date issued
1955-03-06

Date issued
1955-03-06

Date issued
1955-03-06

Date issued
1955-03-06

Date issued
1955-03-06

Date issued
1955-03-06

Date issued
1955-03-06

1. I hereby certify that no birth record has been found in the Division of Vital Statistics for this
child and that no record has been found in the Division of Vital Statistics for this child in the
State of Idaho. This certificate is valid for a period of one year from the date of issue.
2. I hereby certify that no birth record has been found in the Division of Vital Statistics for this
child and that no record has been found in the Division of Vital Statistics for this child in the
State of Idaho. This certificate is valid for a period of one year from the date of issue.
3. I hereby certify that no birth record has been found in the Division of Vital Statistics for this
child and that no record has been found in the Division of Vital Statistics for this child in the
State of Idaho. This certificate is valid for a period of one year from the date of issue.

253-131-009-623 DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1098
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Edward Lee Kelley</u>				2. Date of Birth (month) (day) (year) <u>October 31 1891</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Bonner</u>	b. City or Town of Birth <u>Hope</u>		
FATHER	6. Full Name of Father <u>Silas Lee Kelley</u>				7. State or Country of Father's Birth <u>Maryland</u>		
MOTHER	8. Full Maiden Name of Mother <u>Rose Adeline Orth</u>				9. State or Country of Mother's Birth <u>Pennsylvania</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Edward Lee Kelley</u>		11. Present Address of Registrant <u>905 West Fifth Street Los Angeles 17, California</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>December 5 1955</u>				12. Signature of Notary <u>Dorothy L. Stallen</u>		13. Notary Commission expires <u>April 6 1958</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>APPLICATION FOR INSURANCE</u>		By whom issued and signed <u>THE COMMERCIAL TRAVELERS MUTUAL ACCIDENT ASSOCIATION</u>	Date issued	Date Orig. Entry <u>August 2 1943</u>
	Date of Birth <u>October 31 1891</u>	Birth Place <u>Hope, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document <u>MILITARY RECORD discharge certificate</u>		By whom issued and signed <u>UNITED STATES ARMY</u>	Date issued <u>4-14-48</u>	Date Orig. Entry <u>inducted Sept. 19, 1917</u>
	Date of Birth <u>25 years 11 months</u>	Birth Place <u>Hope, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>AFFIDAVIT BY AUNT</u>		By whom issued and signed <u>CORNELLIA COOK KELLEY Los Angeles, California</u>	Date issued <u>12-31-55</u>	Date Orig. Entry
	Date of Birth <u>October 31 1891</u>	Birth Place <u>Hope, Idaho Bonner County</u>	Full Name of Mother <u>Rose Adeline Orth Kelley</u>	Name of Father <u>Silar Lee Kelley</u>	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. L. Benson

Evidence reviewed by

bw Betty Waller

Date Filed

January 3 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

RECEIVED
NOTIFIED

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1111
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Hazel Dell Stark</u> <i>now Hughes</i>			2. Date (month) (day) (year) Of Birth <u>January-23</u> <u>1891</u>	
	3. Color or Race <u>white</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Blaine</u>	b. City or Town of Birth <u>Bellevue</u>	
FATHER	6. Full Name of Father <u>Bruce Wallace Stark</u>			7. State or Country of Father's Birth <u>Massachusetts</u>	
MOTHER	8. Full Maiden Name of Mother <u>Margaret Nichols</u>			9. State or Country of Mother's Birth <u>Kansas</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Hazel Dell Hughes</u> <u>Hazel Dell Stark</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>December 29th 1955</u>			11. Present Address of Registrant <u>Rt 3 Boise Idaho</u>	
				12. Signature of Notary <u>W H Davenport</u>	
				13. Notary Commission expires <u>March 15th 1957</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document		By whom issued and signed		Date issued
	Child's birth certificate		Registrar No. 288		Date Orig. Entry
Class* <u>B</u>	Date of Birth	Birth Place	On file—State of Oregon		<u>July 24, 1942</u>
	<u>Age 24</u>	<u>Idaho</u>	Full Name of Mother		<u>May 27, 1915</u>
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed		Date issued
	Affidavit by Neighbor		Nettie Welton		<u>Dec. 13, 1955</u>
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		<u>Dec. 13, 1955</u>
	<u>Jan. 23, 1891</u>	<u>Bellevue, Idaho</u>	Margaret Stark		<u>Bruce W. Stark</u>
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued
	Insurance Policy		Pocatello, Idaho		<u>Apr. 15, 1937</u>
Class <u>B</u>	Date of Birth	Birth Place	Beneficial Protective Asso.		<u>Apr. 15, 1937</u>
	<u>Jan. 23, 1891</u>	<u>Idaho</u>	Full Name of Mother		
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W J Benson</u>		Evidence reviewed by <u>Verna Reisch</u>		Date Filed <u>12-29-55</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

SECRET

DEC 23 1954



1. Name of the person or organization 2. Address 3. City 4. State 5. Zip 6. Telephone 7. Fax 8. E-mail 9. Other	10. Date 11. Signature 12. Title
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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-171
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Charles Joseph Smith</u>					2. Date (month) (day) (year) Of Birth <u>January 2, 1891</u>		
	3. Color or Race <u>white</u>	4. Sex <u>male</u>	5. Place of Birth <u>Oakley</u>	a. County <u>Cassia Idaho</u>	b. City or Town of Birth <u>Oakley Idaho</u>			
FATHER	6. Full Name of Father <u>Joseph Smith</u>					7. State or Country of Father's Birth <u>England</u>		
MOTHER	8. Full Maiden Name of Mother <u>Sarah Elizabeth Bunn</u>					9. State or Country of Mother's Birth <u>England</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Charles Smith</u>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>January 20, 1956</u>					11. Present Address of Registrant <u>Oakley, Idaho</u>		
						12. Signature of Notary <u>Russ Nelson</u>		
					13. Notary Commission expires <u>July 10, 1957</u>			

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>BIBLE RECORD</u>		By whom issued and signed sworn to be true record by <u>Violet E. Smith</u>		Date issued <u>10-8-55</u>	Date Orig. Entry
	Date of Birth <u>January 2, 1891</u>	Birth Place <u>Oakley, Idaho</u>	Full Name of Mother <u>Sarah Elizabeth Smith</u>		Name of Father <u>Joseph Smith</u>	
SUPPORTING RECORD 2.	Type of Document <u>SON'S BIRTH CERTIFICATE</u>		By whom issued and signed <u>STATE OF IDAHO</u> <u>#222784</u>		Date issued	Date Orig. Entry <u>child born May 30, 1934</u>
	Date of Birth <u>43 years old</u>	Birth Place <u>Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>CHURCH RECORD</u>		By whom issued and signed <u>L.D.S. CHURCH</u>		Date issued <u>10-4-55</u>	Date Orig. Entry <u>blessed Feb. 5, 1891</u>
	Date of Birth <u>January 2, 1891</u>	Birth Place <u>Oakley, Idaho</u> <u>Cassia County</u>	Full Name of Mother <u>Sarah E. Bunn</u>		Name of Father <u>Joseph Smith</u>	
QUALIFYING INFORMATION	APPLICATION FOR INSURANCE		BENEFICIAL LIFE INSURANCE CO. <u>#208011</u>		applied <u>November 16, 1940</u>	
	<u>January 2, 1891</u> birth date		<u>Oakley, Idaho</u> Birthplace			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar		Evidence reviewed by <u>Betty Waller</u>		Date Filed <u>February 20, 1891</u>	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FEB 20 1955



<p>1. Name of Plaintiff</p>		<p>2. Name of Defendant</p>	
<p>3. Cause of Action</p>		<p>4. Amount in Controversy</p>	
<p>5. Date of Filing</p>		<p>6. Court</p>	
<p>7. Name of Plaintiff's Attorney</p>		<p>8. Name of Defendant's Attorney</p>	
<p>9. Name of Plaintiff's Agent</p>		<p>10. Name of Defendant's Agent</p>	
<p>11. Name of Plaintiff's Counsel</p>		<p>12. Name of Defendant's Counsel</p>	
<p>13. Name of Plaintiff's Agent</p>		<p>14. Name of Defendant's Agent</p>	
<p>15. Name of Plaintiff's Counsel</p>		<p>16. Name of Defendant's Counsel</p>	
<p>17. Name of Plaintiff's Agent</p>		<p>18. Name of Defendant's Agent</p>	
<p>19. Name of Plaintiff's Counsel</p>		<p>20. Name of Defendant's Counsel</p>	
<p>21. Name of Plaintiff's Agent</p>		<p>22. Name of Defendant's Agent</p>	
<p>23. Name of Plaintiff's Counsel</p>		<p>24. Name of Defendant's Counsel</p>	
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<p>27. Name of Plaintiff's Counsel</p>		<p>28. Name of Defendant's Counsel</p>	
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<p>41. Name of Plaintiff's Agent</p>		<p>42. Name of Defendant's Agent</p>	
<p>43. Name of Plaintiff's Counsel</p>		<p>44. Name of Defendant's Counsel</p>	
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<p>47. Name of Plaintiff's Counsel</p>		<p>48. Name of Defendant's Counsel</p>	
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<p>51. Name of Plaintiff's Counsel</p>		<p>52. Name of Defendant's Counsel</p>	
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<p>63. Name of Plaintiff's Counsel</p>		<p>64. Name of Defendant's Counsel</p>	
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<p>83. Name of Plaintiff's Counsel</p>		<p>84. Name of Defendant's Counsel</p>	
<p>85. Name of Plaintiff's Agent</p>		<p>86. Name of Defendant's Agent</p>	
<p>87. Name of Plaintiff's Counsel</p>		<p>88. Name of Defendant's Counsel</p>	
<p>89. Name of Plaintiff's Agent</p>		<p>90. Name of Defendant's Agent</p>	
<p>91. Name of Plaintiff's Counsel</p>		<p>92. Name of Defendant's Counsel</p>	
<p>93. Name of Plaintiff's Agent</p>		<p>94. Name of Defendant's Agent</p>	
<p>95. Name of Plaintiff's Counsel</p>		<p>96. Name of Defendant's Counsel</p>	
<p>97. Name of Plaintiff's Agent</p>		<p>98. Name of Defendant's Agent</p>	
<p>99. Name of Plaintiff's Counsel</p>		<p>100. Name of Defendant's Counsel</p>	

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-213
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth INEZ ELLEN McWILLIAMS			2. Date (month) (day) (year) Of Birth March 6, 1891		
	3. Color or Race White	4. Sex F	5. Place of Birth a. County Mountain Home, Elmore	b. City or Town of Birth Mountain Home, Idaho		
FATHER	6. Full Name of Father George Ivan McWilliams			7. State or Country of Father's Birth Iowa		
MOTHER	8. Full Maiden Name of Mother Margaret Burns			9. State or Country of Mother's Birth Maryland		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Inez Ellen McWilliams</i>		11. Present Address of Registrant 365 N. 9th East St. Mountain Home, Idaho
ROTARY (Seal)	Subscribed and sworn to before me on February 9 19 56			12. Signature of Notary <i>H. H. Sauder</i>		13. Notary Commission expires March 3rd, 19 57

APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document DAUGHTER'S BIRTH CERTIFICATE		By whom issued and signed STATE OF IDAHO		Date issued 5-19-42	Date Orig. Entry child born Sept. 11, 1918
	Date of Birth 27 years old	Birth Place Mountain Home Idaho	Full Name of Mother #86522		Name of Father	
SUPPORTING RECORD 2.	Type of Document CHURCH RECORD		By whom issued and signed CHURCH OF ST. CHARLES		Date issued 2-1-56	Date Orig. Entry baptized Jan 14, 1893
	Date of Birth March 6 1891	Birth Place Mountain Home Idaho	Full Name of Mother Margaret Burns		Name of Father George McWilliams	
SUPPORTING RECORD 3.	Type of Document AFFIDAVIT BY OLDER BROTHER		By whom issued and signed GEORGE B. MCWILLIAMS		Date issued 2-3-56	Date Orig. Entry
	Date of Birth March 6 1891	Birth Place Mountain Home Idaho	Full Name of Mother Margaret Burns		Name of Father George I. McWilliams	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by Betty Waller		Date Filed March 2, 1956	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-229
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Charlie Earnest Groves				2. Date (month) (day) (year) Of Birth June 4 1891	
	3. Color or Race White	4. Sex M	5. Place of Birth a. County New Plymouth Payette,		b. City or Town of Birth New Plymouth	
FATHER	6. Full Name of Father William Groves				7. State or Country of Father's Birth London, England	
MOTHER	8. Full Maiden Name of Mother Amanda Neal				9. State or Country of Mother's Birth Fayetteville Arkansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Charlie Earnest Groves</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>January 27 1956</i>				11. Present Address of Registrant New Plymouth, Idaho	
	12. Signature of Notary <i>Jessie H. Stelling</i>				13. Notary Commission expires <i>July 23 1957</i>	
APPLICANT - DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document AFFIDAVIT BY NEIGHBORS OF PARENTS				By whom issued and signed SAM KENNEDY & MRS. ANNIE HILL	
	Date of Birth June 4 1891		Birth Place New Plymouth Idaho		Date issued 2-13-56	
Class <u>B</u>					Date Orig. Entry	
SUPPORTING RECORD 2.	Type of Document APPLICATION FOR INSURANCE				By whom issued and signed MODERN WOODMEN OF AMERICA	
	Date of Birth June 4 1891		Birth Place New Plymouth Idaho		Date issued October 29 1924	
Class <u>B</u>					Date Orig. Entry	
SUPPORTING RECORD 3.	Type of Document Child's birth certificate				By whom issued and signed Bureau of Vital Statistics Idaho State File #260386	
	Date of Birth Age 46		Birth Place New Plymouth, Idaho		Date issued Oct. 5, 1937	
Class <u>B</u>					Date Orig. Entry Oct. 5, 1937	
QUALIFYING INFORMATION	Family Record- Parents- William Groves Amanda Neal					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar			Evidence reviewed by bw		Date Filed March 6, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1992-1993

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-328
Local Reg. No. _____
Reg. Dist. No. _____

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|---|---|----------------|----------------------------|---------------------|---|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
HUDSON WINFREE BROWN | | | | 2. Date (month) (day) (year)
of Birth MAY 2 1891 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
IDAHO | a. County
CASSIA | b. City or Town of Birth
ALBION | | |
| FATHER | 6. Full Name of Father
Montgomery Taylor Brown | | | | 7. State or Country of Father's Birth
<i>Hopkinsville Kentucky</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
Katherine Vastah Parks | | | | 9. State or Country of Mother's Birth
<i>Centerville Utah</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Hudson Winfree Brown</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 23 19 56 | | | | 11. Present Address of Registrant
Rt. #2, Kimberly, Idaho | | |
| | | | | | 12. Signature of Notary
<i>F. C. Sheneberger</i> | | |
| | | | | | 13. Notary Commission expires
January 4 19 58 | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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| SUPPORTING RECORD 1. | Type of Document
APPLICATION FOR ANNUITY | | By whom issued and signed
UNION PACIFIC RAILROAD
Charles Devorak, Field Rep. | | Date issued | Date Orig. Entry signed
April 28, 1945 |
| | Date of Birth
May 2 1891 | Birth Place
Albion, Idaho
Cassia County | Full Name of Mother
Katherine Vastah Parks | | Name of Father
Montgomery Taylor Brown | |
| SUPPORTING RECORD 2. | Type of Document
AFFIDAVIT BY FRIEND OF FAMILY | | By whom issued and signed
SAMUEL PERRINS
Twin Falls, Idaho | | Date issued
3-16-56 | Date Orig. Entry |
| | Date of Birth
May 2 1891 | Birth Place
Albion, Idaho | Full Name of Mother
Kate Vasta Park Brown | | Name of Father
Montgomery Taylor Brown | |
| SUPPORTING RECORD 3. | Type of Document
CENSUS RECORD | | By whom issued and signed
DEPARTMENT OF COMMERCE
Bureau of the Census | | Date issued
2-15-56 | Date Orig. Entry
Census of 1900
June 1 |
| | Date of Birth
9 years old
May, 1891 | Birth Place
Idaho | Full Name of Mother
Kate V. Brown | | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|---|------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
bw Betty Waller | Date Filed
March 28, 1956 |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

CHITRE

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A circular postmark from London, dated 1777. The text "LONDON" is at the top, "1777" is in the center, and "ENGLAND" is at the bottom. The numbers "1777" are also visible on the left and right sides of the circle.

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific information required.

1. *Chlorophyll a* and *Chlorophyll b* contents were determined by spectrophotometry using the method of Lichtenthaler and Wherry (1987). The total chlorophyll content was calculated using the following formula: $\text{Total Chlorophyll (mg/g)} = 11.95 \times \text{Chlorophyll a (mg/g)} + 22.1 \times \text{Chlorophyll b (mg/g)}$.

1997年12月

1. The first part of the report is a general statement of the purpose of the study. This is followed by a brief review of the literature on the subject. The next part of the report is a description of the methods used in the study. This is followed by a presentation of the results of the study. The final part of the report is a discussion of the results and their implications.

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作者：[作者姓名]

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1. *Chlorophyll a* (Chl *a*)

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-390
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|--|---|-------------------------|---|--|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Lulu Kohlhepp -</u> | | | | | 2. Date (month) (day) (year)
Of Birth <u>July - 11 1891</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Middleton Ida - Guyan</u> | | 6. City or Town of Birth
<u>Germany -</u> | | | |
| FATHER | 6. Full Name of Father
<u>Henry Kohlhepp -</u> | | | | | 7. State or Country of Father's Birth
<u>Louisiana - New Orleans -</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Bertha Dobbins</u> | | | | | 9. State or Country of Mother's Birth | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<u>Lulu Kohlhepp -</u> | | 11. Present Address of Registrant
<u>1762 Pine St Apt #10</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>March 14 1956</u> | | | | | 12. Signature of Notary
<u>Anna M. Ainslie</u> | | 13. Notary Commission expires
<u>March 9 1956</u> |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|---------------------------------------|--|---|---|
| SUPPORTING
RECORD 1- | Type of Document
Statement re
<u>SCHOOL RECORD</u> | | By whom issued and signed
<u>COUNTY OF CANYON, Idaho</u>
<u>School Dist. #16</u> | Date issued
<u>2-28-56</u> | Date Orig. Entry
<u>July 28 1896</u> |
| | Date of Birth
<u>5 years old</u> | Birth Place | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 2- | Type of Document
STATEMENT re
<u>HOSPITAL RECORD</u> | | By whom issued and signed
<u>SAN FRANCISCO HOSPITAL</u> | Date issued
<u>3-27-56</u> | Date Orig. Entry
<u>admitted July 23, 1951</u> |
| | Date of Birth
<u>July 1891</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Bertha Dobbins</u> | Name of Father
<u>Henry Kohlhepp</u> | |
| SUPPORTING
RECORD 3- | Type of Document
<u>AFFIDAVIT BY OLDER SISTER</u> | | By whom issued and signed
<u>ADA KOHLHEPP SMITH</u> | Date issued
<u>3-28-56</u> | Date Orig. Entry |
| | Date of Birth
<u>July 11 1891</u> | Birth Place
<u>Middleton Idaho</u> | Full Name of Mother
<u>Bertha Dobbins</u> | Name of Father
<u>Henry Kohlhepp</u> | |

| | | | |
|--|--|--|-------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Bennett</u> | Evidence reviewed by
<u>BW Betty Waller</u> | Date Filed
<u>April 12, 1956</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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10-11-68

RECEIVED
FBI - NEW YORK
OCT 11 1968

TO DIRECTOR
FROM SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]

[Illegible body text]

Very truly yours,
[Illegible Signature]

Enclosure

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De56-437**
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|---|---|------------------|-----------------------------|--------------------|--|--|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Susie Catherine Hedden | | | | 2. Date (month) (day) (year)
Of Birth Sept. 7 1891 | | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Corral | a. County
Camas | b. City or Town of Birth
Corral, Idaho | | | |
| FATHER | 6. Full Name of Father
Solomon G. Hedden | | | | 7. State or Country of Father's Birth
Louisiana | | | |
| MOTHER | 8. Full Maiden Name of Mother
Parthenia E. Baker | | | | 9. State or Country of Mother's Birth
Utah | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Susie Catherine Hedden</i> | | 11. Present Address of Registrant
101 Hobb St., Vallejo, Calif | |
| NOTARY (Seal) | Subscribed and sworn to before me on
Oct. 18 19 55 | | | | 12. Signature of Notary
<i>Frank P. Gies</i> | | 13. Notary Commission expires
Jan 25 19 58 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|-----------------------------|--|--|---|-------------------------------------|--|
| SUPPORTING RECORD 1. | Type of Document
AFFIDAVIT BY OLDER SISTER | | By whom issued and signed
OLIVE BABINGTON
Buhl, Idaho | Date issued
3-9-56 | Date Orig. Entry |
| | Date of Birth
September 7, 1891 | Birth Place
Corral, Idaho
Camas County | Full Name of Mother
Parthenia E. Baker | Name of Father
Solomon G. Hedden | |
| SUPPORTING RECORD 2. | Type of Document
DAUGHTER'S BIRTH CERTIFICATE | | By whom issued and signed
STATE OF IDAHO
#332684 | Date issued
2-25-52 | Date Orig. Entry
child born March 3, 1909 |
| | Date of Birth
17 years old | Birth Place
Corral, Idaho | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 3. | Type of Document
insurance record | | By whom issued and signed
Women of the World
#742427 | Date issued | Date Orig. Entry
Dec. 1, 1947 |
| | Date of Birth
56 years old | Birth Place | Full Name of Mother | Name of Father | |

| | | | |
|--|--|---|-----------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
bw Betty Waller | Date Filed
April 30 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De56-448**
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | |
|--|---|-------------------------|--|----------------------------|---|--|-----------------------------------|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
AMANDA MYRTLE SORENSON | | | | 2. Date
Of Birth
SEPTEMBER 21 1891 | | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
IDAHO | a. County
ONEIDA | b. City or Town of Birth
STONE | | |
| FATHER | 6. Full Name of Father
Antone Frederick Sorenson | | | | 7. State or Country of Father's Birth
Copenhagen, Denmark | | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Jane Johnston | | | | 9. State or Country of Mother's Birth
Stone, Idaho | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Amanda Myrtle Landon</i> | | 11. Present Address of Registrant |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 23rd 19 56</i> | | 12. Signature of Notary
<i>Donna L. Smith</i> | | 13. Notary Commission expires
<i>January 10 19 58.</i> | | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|---|------------------------------------|---|--|--|---|--|
| SUPPORTING
RECORD 1. | Type of Document
CHURCH RECORD | | By whom issued and signed
L.D.S. CHURCH | | Date issued
9-12-55 | Date Orig. Entry
baptized Sept. 8, 1900 | |
| | Date of Birth
September 21, 1891 | Birth Place
Stone, Idaho | Full Name of Mother
Mary Jane Johnston | | Name of Father
Antone Sorenson | | |
| SUPPORTING
RECORD 2. | Type of Document
AFFIDAVIT BY FRIENDS OF FAMILY | | By whom issued and signed
CHRISTINA D. NEAL
FRED C. NEAL, Garland, Utah | | Date issued
9-1-55 | Date Orig. Entry | |
| | Date of Birth
September 21, 1891 | Birth Place
Stone, Idaho | Full Name of Mother | | Name of Father | | |
| SUPPORTING
RECORD 3. | Type of Document
application for insurance | | By whom issued and signed
Beneficial Protective Association, Pocatello | | Date issued | Date Orig. Entry | |
| | Date of Birth
September 21, 1891 | Birth Place
Stone Idaho | Full Name of Mother | | Name of Father | | |

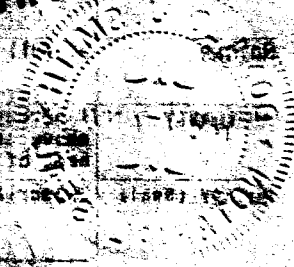
| | | | |
|--|--|---|------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W W Benson</i> | Evidence reviewed by
Betty Waller
bw | Date Filed
April 30 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

| | | | |
|------------------------------|--|-------------------------------|--|
| Date of Birth
1911 | | Sex
Male | |
| Date of Death
1911 | | Cause of Death
1911 | |
| Date of Burial
1911 | | Place of Burial
1911 | |
| Date of Registration
1911 | | Place of Registration
1911 | |
| Date of Issuance
1911 | | Place of Issuance
1911 | |
| Date of Filing
1911 | | Place of Filing
1911 | |

APR 27 1956

APR 30 1956



| | | | |
|------------------------------|--|-------------------------------|--|
| Date of Birth
1911 | | Sex
Male | |
| Date of Death
1911 | | Cause of Death
1911 | |
| Date of Burial
1911 | | Place of Burial
1911 | |
| Date of Registration
1911 | | Place of Registration
1911 | |
| Date of Issuance
1911 | | Place of Issuance
1911 | |
| Date of Filing
1911 | | Place of Filing
1911 | |

| | | | |
|------------------------------|--|-------------------------------|--|
| Date of Birth
1911 | | Sex
Male | |
| Date of Death
1911 | | Cause of Death
1911 | |
| Date of Burial
1911 | | Place of Burial
1911 | |
| Date of Registration
1911 | | Place of Registration
1911 | |
| Date of Issuance
1911 | | Place of Issuance
1911 | |
| Date of Filing
1911 | | Place of Filing
1911 | |

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De 56-498
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|--------------------|--|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<u>Mamie I. Morton</u> | | | 2. Date of Birth (month) (day) (year)
<u>9 18 91</u> | | |
| | 3. Color or Race
<u>W-Am</u> | 4. Sex
<u>F</u> | 5. Place of Birth a. County
<u>Gem now - was Canyon in 1891</u> | b. City or Town of Birth
<u>Falk's Store, Idaho</u> | | |
| FATHER | 6. Full Name of Father
<u>Edward Eugene Morton</u> | | | 7. State or Country of Father's Birth
<u>Patterson, N. J.</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Sarah Susen Thimbleby</u> | | | 9. State or Country of Mother's Birth
<u>Beaver, Utah</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Mamie I. Morton</u> | | 11. Present Address of Registrant
<u>RTE. 3, Boise, Idaho</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>March 5 19 56</u> | | | 12. Signature of Notary
<u>Mr. J. Benson</u> | | 13. Notary Commission expires
<u>9 - 15 19 58</u> |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
|--|--|--|---|--|---|--|
| SUPPORTING RECORD 1 | Type of Document
<u>affidavit by friend of family</u> | | By whom issued and signed
<u>Mrs. Myrtle Marrison Boise, Idaho</u> | | Date issued
<u>2-28-56</u> | Date Orig. Entry |
| | Date of Birth
<u>September 18, 1891</u> | Birth Place
<u>Falk's Store Idaho</u> | Full Name of Mother
<u>Sarah Susen Thimbleby</u> | | Name of Father
<u>Edward Eugene Morton</u> | |
| SUPPORTING RECORD 2 | Type of Document
<u>census record</u> | | By whom issued and signed
<u>Department of Commerce Bureau of the Census</u> | | Date issued
<u>4-2-56</u> | Date Orig. Entry
<u>Census of 1900 June 1</u> |
| | Date of Birth
<u>8 years old Sept., 1891</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Sarah Morton</u> | | Name of Father
<u>Edward Morton</u> | |
| SUPPORTING RECORD 3 | Type of Document
<u>statement re school record</u> | | By whom issued and signed
<u>County of Canyon District #13</u> | | Date issued
<u>1-26-56</u> | Date Orig. Entry
<u>August 31 1903</u> |
| | Date of Birth
<u>11 years old</u> | Birth Place | Full Name of Mother
<u>Sarah Morton</u> | | Name of Father
<u>Ed Morton</u> | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<u>W. J. Benson</u> | | Evidence reviewed by
<u>bw Betty Waller</u> | | Date Filed
<u>May 14, 1956</u> | |

RECEIVED NOV 12 1956
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

NOV 12 1956

NOV 24 1956
NOV 15 1956



Form with multiple sections containing text, mostly mirrored or bleed-through from the reverse side. Visible text includes:

- Top left: "RECEIVED NOV 12 1956", "U.S. DEPARTMENT OF JUSTICE", "FEDERAL BUREAU OF INVESTIGATION", "WASHINGTON, D.C."
- Top right: "NOV 12 1956", "NOV 24 1956", "NOV 15 1956"
- Center: "RECEIVED" stamp with "NOV 12 1956" and a signature.
- Bottom: "NOV 12 1956", "NOV 15 1956", "NOV 24 1956"
- Various other text fragments and stamps throughout the form.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-594
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|------------------|----------------------------|--------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Mary Rad | | | | 2. Date (month) (day) (year)
January 24 1891 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
Idaho | a. County
Idaho | b. City or Town of Birth
Keuterville | |
| FATHER | 6. Full Name of Father
Frank Rad | | | | 7. State or Country of Father's Birth
Germany | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Elizabeth Hendricks | | | | 9. State or Country of Mother's Birth
Germany | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Mary Halter</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
May 9 19 56 | | | | 11. Present Address of Registrant
1015 Hardcastle Avenue
Woodburn, Oregon | |
| | | | | | 12. Signature of Notary
<i>Clair Houseweath</i> | |
| | | | | | 13. Notary Commission expires
March 21 19 59 | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|----------------------------------|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
church record | | By whom issued and signed
Holy Cross Church
Keuterville, Idaho | | Date Issued |
| | Date of Birth
January 24, 1891 | Birth Place
Keuterville Idaho | Full Name of Mother
Mary Elizabeth Hendricks | | Date Orig. Entry
baptized Jan. 24, 1891 |
| Class* <u>A</u> | | | | | Name of Father
Frank Rad |
| SUPPORTING
RECORD 2. | Type of Document
son's birth certificate | | By whom issued and signed
State of Idaho
#53309 | | Date Issued |
| | Date of Birth
26 years old | Birth Place
Keuterville Idaho | Full Name of Mother | | Date Orig. Entry
child born Oct. 18, 1917 |
| Class <u>B</u> | | | | | Name of Father |
| SUPPORTING
RECORD 3. | Type of Document
naturalization certificate of | | By whom issued and signed
UNITED STATES OF AMERICA
#2786454 | | Date Issued |
| | Date of Birth
22 years old | Birth Place | Full Name of Mother | | Date Orig. Entry
February 15 1913 |
| Class <u>B</u> | | | | | Name of Father |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W W Benson</i> | | Evidence reviewed by
bw Betty Waller | | Date Filed
June 6, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

JUN 15 1956



1. Name of child
2. Date of birth
3. Place of birth
4. Name of mother
5. Name of father
6. Sex
7. Race
8. Religion
9. Education
10. Occupation
11. Social Security Number
12. Date of registration
13. Signature of registrar

14. Signature of mother
15. Signature of father
16. Signature of registrar
17. Date of registration
18. Place of birth
19. Name of mother
20. Name of father
21. Sex
22. Race
23. Religion
24. Education
25. Occupation
26. Social Security Number
27. Date of registration
28. Signature of registrar

29. Name of child
30. Date of birth
31. Place of birth
32. Name of mother
33. Name of father
34. Sex
35. Race
36. Religion
37. Education
38. Occupation
39. Social Security Number
40. Date of registration
41. Signature of registrar

42. Signature of mother
43. Signature of father
44. Signature of registrar
45. Date of registration
46. Place of birth
47. Name of mother
48. Name of father
49. Sex
50. Race
51. Religion
52. Education
53. Occupation
54. Social Security Number
55. Date of registration
56. Signature of registrar

57. Name of child
58. Date of birth
59. Place of birth
60. Name of mother
61. Name of father
62. Sex
63. Race
64. Religion
65. Education
66. Occupation
67. Social Security Number
68. Date of registration
69. Signature of registrar

70. Name of child
71. Date of birth
72. Place of birth
73. Name of mother
74. Name of father
75. Sex
76. Race
77. Religion
78. Education
79. Occupation
80. Social Security Number
81. Date of registration
82. Signature of registrar

83. Signature of mother
84. Signature of father
85. Signature of registrar
86. Date of registration
87. Place of birth
88. Name of mother
89. Name of father
90. Sex
91. Race
92. Religion
93. Education
94. Occupation
95. Social Security Number
96. Date of registration
97. Signature of registrar

98. Name of child
99. Date of birth
100. Place of birth
101. Name of mother
102. Name of father
103. Sex
104. Race
105. Religion
106. Education
107. Occupation
108. Social Security Number
109. Date of registration
110. Signature of registrar

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-608
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|-----------------------------------|---------------------------------------|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Marinda Langford | | | | 2. Date (month) (day) (year)
Of Birth August 23 1891 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
Idaho | a. County
Bear Lake | b. City or Town of Birth
Wardboro | |
| FATHER | 6. Full Name of Father
John Webster Langford | | | | 7. State or Country of Father's Birth
Madison, Wisc - U.S.A | |
| MOTHER | 8. Full Maiden Name of Mother
Rhoda Ann Dimmick | | | | 9. State or Country of Mother's Birth
Spanish Fork, Utah U.S.A | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Marinda Langford Bagley</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
May 22 1956 | | | | 11. Present Address of Registrant
12340 Durfield | |
| | 12. Signature of Notary
<i>Joanita Derricott</i> | | | | 13. Notary Commission expires
July 7 1958 | |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1 | Type of Document
statement re church record | | | | By whom issued and signed
L.D.S. CHURCH | |
| | Date of Birth August 23, 1891 Birth Place Wardboro, Idaho | | | | Full Name of Mother
Rhoda Ann Dimmick | |
| SUPPORTING RECORD 2 | Type of Document
record by midwife | | | | By whom issued and signed
photostat viewed by this office | |
| | Date of Birth August 23 1891 Birth Place Bear Lake County | | | | Full Name of Mother
Mrs. Langford | |
| SUPPORTING RECORD 3 | Type of Document
insurance record | | | | By whom issued and signed
Reserve Life Insurance Co. #S-338045 | |
| | Date of Birth 57 years old Birth Place | | | | Full Name of Mother
 | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | | | | | | |
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | State Registrar
<i>L.D. Bagley</i> | | Evidence reviewed by
bw Betty Waller |
| | | | | Date Filed
June 7, 1956 | | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

14-00000 10 1-21-77 937A

SECRET

JUN 8 1959

A circular postmark from New York, NY, dated FEB 25 1941. The text "NEW YORK, N.Y." is curved along the top inner edge, and "FEB 25 1941" is curved along the bottom inner edge. The center of the stamp is heavily obscured by a large, dark, irregular ink smudge.

[illegible]

1. The following information was obtained from the records of the Division of Motor Vehicles for the year 1954:

| State | Year | Number of Licenses Issued | Number of Licenses Renewed | Number of Licenses Suspended | Number of Licenses Revoked |
|----------------------|------|---------------------------|----------------------------|------------------------------|----------------------------|
| Alabama | 1954 | 12,500 | 10,000 | 500 | 200 |
| Alaska | 1954 | 1,000 | 800 | 50 | 20 |
| Arizona | 1954 | 8,000 | 6,500 | 300 | 100 |
| Arkansas | 1954 | 10,000 | 8,000 | 400 | 150 |
| California | 1954 | 15,000 | 12,000 | 600 | 300 |
| Colorado | 1954 | 7,000 | 5,500 | 250 | 100 |
| Connecticut | 1954 | 9,000 | 7,000 | 350 | 150 |
| Delaware | 1954 | 6,000 | 4,500 | 200 | 80 |
| District of Columbia | 1954 | 5,000 | 4,000 | 150 | 50 |
| Florida | 1954 | 11,000 | 9,000 | 450 | 200 |
| Georgia | 1954 | 13,000 | 10,500 | 550 | 250 |
| Hawaii | 1954 | 4,000 | 3,000 | 150 | 50 |
| Idaho | 1954 | 3,000 | 2,500 | 100 | 40 |
| Illinois | 1954 | 14,000 | 11,500 | 600 | 300 |
| Indiana | 1954 | 10,500 | 8,500 | 400 | 180 |
| Iowa | 1954 | 8,500 | 7,000 | 300 | 120 |
| Kansas | 1954 | 7,500 | 6,000 | 250 | 100 |
| Kentucky | 1954 | 9,500 | 7,500 | 350 | 150 |
| Louisiana | 1954 | 11,500 | 9,500 | 450 | 200 |
| Maine | 1954 | 6,500 | 5,000 | 200 | 80 |
| Maryland | 1954 | 8,000 | 6,500 | 300 | 120 |
| Massachusetts | 1954 | 7,000 | 5,500 | 250 | 100 |
| Michigan | 1954 | 12,000 | 10,000 | 500 | 250 |
| Minnesota | 1954 | 9,000 | 7,500 | 350 | 150 |
| Mississippi | 1954 | 10,500 | 8,500 | 400 | 180 |
| Missouri | 1954 | 11,000 | 9,000 | 450 | 200 |
| Montana | 1954 | 3,500 | 2,800 | 120 | 50 |
| Nebraska | 1954 | 6,000 | 4,800 | 200 | 80 |
| Nevada | 1954 | 4,500 | 3,500 | 150 | 60 |
| New Hampshire | 1954 | 5,500 | 4,200 | 180 | 70 |
| New Jersey | 1954 | 13,500 | 11,000 | 550 | 280 |
| New Mexico | 1954 | 5,000 | 4,000 | 150 | 60 |
| New York | 1954 | 16,000 | 13,000 | 650 | 350 |
| North Carolina | 1954 | 12,500 | 10,500 | 500 | 250 |
| North Dakota | 1954 | 3,000 | 2,400 | 100 | 40 |
| Ohio | 1954 | 14,500 | 12,000 | 600 | 300 |
| Oklahoma | 1954 | 8,000 | 6,500 | 300 | 120 |
| Oregon | 1954 | 6,500 | 5,200 | 220 | 90 |
| Pennsylvania | 1954 | 15,500 | 12,500 | 600 | 300 |
| Rhode Island | 1954 | 5,000 | 4,000 | 150 | 60 |
| South Carolina | 1954 | 10,000 | 8,000 | 400 | 180 |
| South Dakota | 1954 | 3,000 | 2,400 | 100 | 40 |
| Tennessee | 1954 | 11,500 | 9,500 | 450 | 200 |
| Texas | 1954 | 17,000 | 14,000 | 700 | 350 |
| Utah | 1954 | 4,000 | 3,200 | 120 | 50 |
| Vermont | 1954 | 4,500 | 3,500 | 150 | 60 |
| Virginia | 1954 | 10,500 | 8,500 | 400 | 180 |
| Washington | 1954 | 9,000 | 7,500 | 350 | 150 |
| West Virginia | 1954 | 6,000 | 4,800 | 200 | 80 |
| Wisconsin | 1954 | 11,000 | 9,000 | 450 | 200 |
| Wyoming | 1954 | 3,500 | 2,800 | 120 | 50 |

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-514
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|--|---|---------------------|--|--|-----------------------------------|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Don Treasure</u> | | | | | 2. Date (month) (day) (year)
Of Birth <u>May</u> <u>25</u> <u>1891</u> | | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>M.</u> | 5. Place of Birth
<u>Downey Bannock</u> | | a. County
<u>Downey, Idaho</u> | | | |
| FATHER | 6. Full Name of Father
<u>John Treasure</u> | | | | | 7. State or Country of Father's Birth
<u>Utah - Cassia Co. Smithfield</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Martha Ann Blopham</u> | | | | | 9. State or Country of Mother's Birth
<u>Utah - Kayaville</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<u>Don Treasure</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>14th day of Mar. 1956</u> | | | | | 11. Present Address of Registrant
<u>Rt 1 Rigby Idaho</u> | | |
| | | | | | | 12. Signature of Notary
<u>Lyle Whiting</u> | | |
| | | | | | | 13. Notary Commission expires
<u>6-14</u> <u>1956</u> | | |

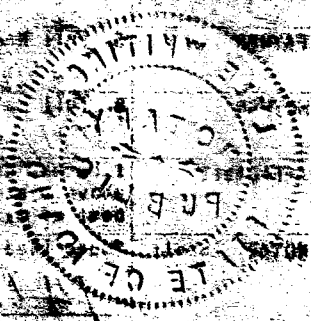
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|--|--|--|--|--|---------------------------------|---|
| SUPPORTING RECORD 1. | Type of Document
daughter's birth certificate | | | By whom issued and signed
State of Idaho
#83298 | | Date issued | Date Orig. Entry
child born
Aug. 27, 1920 |
| | Date of Birth
29 years
old | Birth Place
Idaho | | Full Name of Mother | | Name of Father | |
| Class <u>B</u> | | | | | | | |
| SUPPORTING RECORD 2. | Type of Document
application for insurance | | | By whom issued and signed
Occidental Life Insurance Co. | | Date issued | Date Orig. Entry
applied
April 17, 1930 |
| | Date of Birth
May 25
1891 | Birth Place
Downey Idaho | | Full Name of Mother | | Name of Father | |
| Class <u>B</u> | | | | | | | |
| SUPPORTING RECORD 3. | Type of Document
affidavit by mother | | | By whom issued and signed
Martha Treasure | | Date issued
5-28-56 | Date Orig. Entry |
| | Date of Birth
May 25
1891 | Birth Place
Downey, Idaho
Bannock County | | Full Name of Mother
Martha Treasure | | Name of Father
John Treasure | |
| Class <u>B</u> | | | | | | | |
| QUALIFYING INFORMATION | | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
<u>W. Benson</u> | | | Evidence reviewed by
Betty Waller | | Date Filed
June 11, 1956 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECLARED CERTIFICATE OF BIRTH

STATE OF TEXAS

JUN 18 1900



1. Name of child
2. Date of birth
3. Place of birth
4. Name of mother
5. Name of father
6. Name of declarant
7. Signature of declarant
8. Date of declaration
9. Name of registrar
10. Date of registration

11. Name of registrar
12. Date of registration
13. Name of declarant
14. Signature of declarant
15. Date of declaration
16. Name of registrar
17. Date of registration

18. Name of registrar
19. Date of registration
20. Name of declarant
21. Signature of declarant
22. Date of declaration
23. Name of registrar
24. Date of registration

25. Name of registrar
26. Date of registration
27. Name of declarant
28. Signature of declarant
29. Date of declaration
30. Name of registrar
31. Date of registration

32. Name of registrar
33. Date of registration
34. Name of declarant
35. Signature of declarant
36. Date of declaration
37. Name of registrar
38. Date of registration

39. Name of registrar
40. Date of registration
41. Name of declarant
42. Signature of declarant
43. Date of declaration
44. Name of registrar
45. Date of registration

46. Name of registrar
47. Date of registration
48. Name of declarant
49. Signature of declarant
50. Date of declaration
51. Name of registrar
52. Date of registration

53. Name of registrar
54. Date of registration
55. Name of declarant
56. Signature of declarant
57. Date of declaration
58. Name of registrar
59. Date of registration

60. Name of registrar
61. Date of registration
62. Name of declarant
63. Signature of declarant
64. Date of declaration
65. Name of registrar
66. Date of registration

67. Name of registrar
68. Date of registration
69. Name of declarant
70. Signature of declarant
71. Date of declaration
72. Name of registrar
73. Date of registration

74. Name of registrar
75. Date of registration
76. Name of declarant
77. Signature of declarant
78. Date of declaration
79. Name of registrar
80. Date of registration

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-650
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | |
|--|---|-----------------------|--|---------------------------|---|--|--|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
OSCAR Dehl Davis | | | | | 2. Date (month) (day) (year)
Of Birth August 25 1891 | |
| | 3. Color or Race
White | 4. Sex
male | 5. Place of Birth
Roseberry Valley | a. County
Idaho | b. City or Town of Birth
near Roseberry | | |
| FATHER | 6. Full Name of Father
Francis Marion Davis | | | | | 7. State or Country of Father's Birth
Pennsylvania | |
| MOTHER | 8. Full Maiden Name of Mother
Blanche Augusta Wilbey | | | | | 9. State or Country of Mother's Birth
Michigan | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
Oscar Dehl Davis | |
| NOTARY (Seal) | Subscribed and sworn to before me on
June 14, 1956 | | | | | 11. Present Address of Registrant
Riggins, Idaho | |
| | | | | | | 12. Signature of Notary
Walt Schleicher | |
| | | | | | | 13. Notary Commission expires
Dec. 14, 1959 | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
|---|--|------------------------------------|--|--|---|--|--|
| SUPPORTING
RECORD 1- | Type of Document
Affidavit by friend
of family | | By whom issued and signed
Ira Pottenger
New Meadows, Idaho | | Date issued
6-14-56 | Date Orig. Entry | |
| | Date of Birth
August 25, 1891 | Birth Place | Full Name of Mother | | Name of Father | | |
| Class <u>B</u> | | | | | | | |
| SUPPORTING
RECORD 2- | Type of Document
family record sheet | | By whom issued and signed
original viewed by this
office | | Date issued | Date Orig. Entry
obviously old | |
| | Date of Birth
August 25, 1891 | Birth Place | Full Name of Mother
Blanche Augusta Davis | | Name of Father
Marion . Francis Davis | | |
| Class <u>B</u> | | | | | | | |
| SUPPORTING
RECORD 3- | Type of Document
military record | | By whom issued and signed
The United States Army | | Date issued | Date Orig. Entry
enlisted Sept. 18, 1917 | |
| | Date of Birth
26 years old | Birth Place
McCall Idaho | Full Name of Mother | | Name of Father | | |
| Class <u>B</u> | | | | | | | |
| QUALIFYING
INFORMATION | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
W. Benson | | Evidence reviewed by
Betty Waller | | | Date Filed
June 26, 1956 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELETED CERTIFICATE OF BIRTH
STATE OF IOWA

August 22 1891

1901-12-22

[Faint, mostly illegible text and stamps, including a circular seal on the right side.]

| Date Issued | Name of Person | Date of Birth | Place of Birth |
|-------------|----------------|---------------|----------------|
| Date Issued | Name of Person | Date of Birth | Place of Birth |
| Date Issued | Name of Person | Date of Birth | Place of Birth |
| Date Issued | Name of Person | Date of Birth | Place of Birth |
| Date Issued | Name of Person | Date of Birth | Place of Birth |
| Date Issued | Name of Person | Date of Birth | Place of Birth |
| Date Issued | Name of Person | Date of Birth | Place of Birth |
| Date Issued | Name of Person | Date of Birth | Place of Birth |
| Date Issued | Name of Person | Date of Birth | Place of Birth |

[Faint text at the bottom of the page, possibly a footer or additional notes.]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De56-674**
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|-----------------------------------|---|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Cora Lovina Shosted | | | | 2. Date (month) (day) (year)
Of Birth September 19 1891 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
Idaho | a. County
Bingham | b. City or Town of Birth
Wilford | |
| FATHER | 6. Full Name of Father
William H. Shosted | | | | 7. State or Country of Father's Birth
Denmark | |
| MOTHER | 8. Full Maiden Name of Mother
Hannah Hanson | | | | 9. State or Country of Mother's Birth
Denmark | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Cora Lovina Shosted</i> | | 11. Present Address of Registrant
1556 E. Center
Pocatello, Idaho. |
| NOTARY (Seal) | Subscribed and sworn to before me on
June 25 19 56 | | | 12. Signature of Notary
<i>J. Rutledge</i> | | 13. Notary Commission expires
August 1 19 57 |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
|---|--|---|---|--|---|---|
| SUPPORTING RECORD 1- | Type of Document
church record | | By whom issued and signed
L.D.S. Church
Wilford, Idaho | | Date issued
11-1-08 | Date Orig. Entry
baptized
Oct. 27, 1908 |
| | Date of Birth
September 19, 1891 | Birth Place
Wilford, Idaho
Bingham County | Full Name of Mother
Hannah Hanson | | Name of Father
William H. Shosted | |
| SUPPORTING RECORD 2- | Type of Document
affidavit by aunt | | By whom issued and signed
Anna Hansen Sharp
Pocatello, Idaho | | Date issued
6-25-56 | Date Orig. Entry |
| | Date of Birth
September 19, 1891 | Birth Place
Wilford, Idaho
Bingham County | Full Name of Mother
Hannah Hanson | | Name of Father
William H. Shosted | |
| SUPPORTING RECORD 3- | Type of Document
application for insurance | | By whom issued and signed
Gem State Mutual
#49386-Y; Pocatello, Idaho | | Date issued | Date Orig. Entry
applied
July 26, 1948 |
| | Date of Birth
September 19, 1891 | Birth Place
Wilford
Idaho | Full Name of Mother | | Name of Father | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
Betty Waller
bw | | Date Filed
July 2, 1956 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH

State of Iowa

Division of Vital Statistics
Des Moines, Iowa

JUL 2 1950

FATHER

MOTHER

DATE OF BIRTH

PLACE OF BIRTH

SEX

WEIGHT

HEIGHT

HAIR

EYES

SKIN

TEETH

MARKS

REMARKS

SIGNATURE

DATE

TIME

State of Iowa
Division of Vital Statistics
Des Moines, Iowa
Date of Birth
Place of Birth
Sex
Weight
Height
Hair
Eyes
Skin
Teeth
Marks
Remarks
Signature
Date
Time

State of Iowa
Division of Vital Statistics
Des Moines, Iowa
Date of Birth
Place of Birth
Sex
Weight
Height
Hair
Eyes
Skin
Teeth
Marks
Remarks
Signature
Date
Time

State of Iowa
Division of Vital Statistics
Des Moines, Iowa
Date of Birth
Place of Birth
Sex
Weight
Height
Hair
Eyes
Skin
Teeth
Marks
Remarks
Signature
Date
Time

State of Iowa
Division of Vital Statistics
Des Moines, Iowa
Date of Birth
Place of Birth
Sex
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Skin
Teeth
Marks
Remarks
Signature
Date
Time

State of Iowa
Division of Vital Statistics
Des Moines, Iowa
Date of Birth
Place of Birth
Sex
Weight
Height
Hair
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Skin
Teeth
Marks
Remarks
Signature
Date
Time

State of Iowa
Division of Vital Statistics
Des Moines, Iowa
Date of Birth
Place of Birth
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Weight
Height
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Marks
Remarks
Signature
Date
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State of Iowa
Division of Vital Statistics
Des Moines, Iowa
Date of Birth
Place of Birth
Sex
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State of Iowa
Division of Vital Statistics
Des Moines, Iowa
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Place of Birth
Sex
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State of Iowa
Division of Vital Statistics
Des Moines, Iowa
Date of Birth
Place of Birth
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Signature
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State of Iowa
Division of Vital Statistics
Des Moines, Iowa
Date of Birth
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Remarks
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State of Iowa
Division of Vital Statistics
Des Moines, Iowa
Date of Birth
Place of Birth
Sex
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Signature
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Time

State of Iowa
Division of Vital Statistics
Des Moines, Iowa
Date of Birth
Place of Birth
Sex
Weight
Height
Hair
Eyes
Skin
Teeth
Marks
Remarks
Signature
Date
Time

391-218-035-593 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. D-56-732
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|---------------|--|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Minnie Marie (Julia) Craig | | | | 2. Date (month) (day) (year)
Of Birth August 18 1891 | |
| | 3. Color or Race
White | 4. Sex
Fe. | 5. Place of Birth a. County
Nez Perce Co. Idaho | | b. City or Town of Birth
near Genesee, Idaho | |
| FATHER | 6. Full Name of Father
William Craig | | | | 7. State or Country of Father's Birth
Lenark, Ontario, Canada | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Viles | | | | 9. State or Country of Mother's Birth
Lapwai, Nez Perce, Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Minnie Marie Hammer</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 28, 1956 19 | | | | 11. Present Address of Registrant
Genesee, Idaho | |
| | | | | | 12. Signature of Notary
<i>W. W. Benson</i> | |
| | | | | | 13. Notary Commission expires
May 25, 1959 19 | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|---|---------------------------------|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
Statement re
CHURCH RECORD | | By whom issued and signed
ST. MARY'S CHURCH
Genesee, Idaho | | Date issued
3-21-56 |
| | Date of Birth
August 18 1891 | Birth Place | Full Name of Mother | | Date Orig. Entry
confirmed
Dec. 8, 1905 |
| SUPPORTING
RECORD 2. | Type of Document
affidavit by neighbor
of parents | | By whom issued and signed
Thomas Ingle
Genesee, Idaho | | Date issued
5-2-56 |
| | Date of Birth
August 18, 1891 | Birth Place
Genesee
Idaho | Full Name of Mother
Mary Viles Craig | | Date Orig. Entry
Name of Father
William Craig |
| SUPPORTING
RECORD 3. | Type of Document
statement re
school record | | By whom issued and signed
St. Gertrude Convent
Cottonwood, Idaho | | Date issued
7-10-56 |
| | Date of Birth
August 18, 1891 | Birth Place | Full Name of Mother | | Date Orig. Entry
boarded
1904-1906 |

| | | | |
|--|--|---|-----------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
bw Betty Waller | Date Filed
July 16, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DEFENDING COUNSEL OF BIRTH

JUL 16 1964

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| | | | | | | | | |
|--|---|-------------------------|------------------------------------|--|---------------------------|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Laura Emily Johnston</u> | | | | | 2. Date (month) (day) (year)
Of Birth <u>July</u> <u>15</u> <u>1891</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Oneida</u> | | a. County
<u>Stone</u> | | | |
| FATHER | 6. Full Name of Father
<u>James Elijah Johnston</u> | | | | | 7. State or Country of Father's Birth
<u>Utah, U. S. A.</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Hannah Elizabeth Householder</u> | | | | | 9. State or Country of Mother's Birth
<u>Utah, U. S. A.</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<u>Laura E. Atchley</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>July</u> _____ <u>1956</u> | | | | | 11. Present Address of Registrant
<u>Ashton, Idaho.</u> | | |
| | 12. Signature of Notary
<u>Thomas B. Hargis</u> | | | | | 13. Notary Commission expires
<u>Nov. 10th, 1959</u> | | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<u>affidavit by mother</u> | | By whom issued and signed
<u>Hannah E. Johnston</u>
<u>Ashton, Idaho</u> | | Date issued
<u>7-27-56</u> |
| | Date of Birth
<u>July 15</u>
<u>1891</u> | Birth Place
<u>Stone, Idaho</u>
<u>Oneida County</u> | Full Name of Mother
<u>Hannah E. Johnston</u> | | Name of Father
<u>James Elijah Johnston</u> |
| SUPPORTING
RECORD 2. | Type of Document
<u>daughter's birth certificate</u> | | By whom issued and signed
<u>State of Idaho</u>
<u>#87449</u> | | Date issued
<u>Feb. 19, 1921</u> |
| | Date of Birth
<u>29 years</u>
<u>old</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Hannah Elizabeth Householder</u> | | Name of Father
<u>James Elijah Johnston</u> |
| SUPPORTING
RECORD 3. | Type of Document
<u>family genealogy</u> | | By whom issued and signed
<u>THE HOUSEHOLDERS OF AMERICA</u> | | Date issued
<u>March, 1947</u> |
| | Date of Birth
<u>July 15</u>
<u>1891</u> | Birth Place
<u>Stone, Idaho</u>
<u>Oneda County</u> | Full Name of Mother
<u>Hannah Elizabeth Householder</u> | | Name of Father
<u>James Elijah Johnston</u> |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<u>W. W. Benson</u> | | Evidence reviewed by
<u>Betty Waller</u> | | Date Filed
<u>July 16, 1956</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

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THE UNIVERSITY OF CHICAGO

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1. **Introduction**
 2. **Background**
 3. **Methodology**
 4. **Results**
 5. **Discussion**
 6. **Conclusion**
 7. **References**
 8. **Appendix**
 9. **Index**
 10. **Table of Contents**
 11. **Abstract**
 12. **Summary**
 13. **Key Words**
 14. **Keywords**
 15. **Subject Headings**
 16. **Classification**
 17. **Indexing**
 18. **Keywords**
 19. **Subject Headings**
 20. **Classification**
 21. **Indexing**
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 247. **Subject Headings**
 248. **Classification**
 249. **Indexing**
 250. **Keywords**
 251. **Subject Headings**

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DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De56-766
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|-----------------------------------|----------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Blanche Henderson Maver | | | | 2. Date (month) (day) (year)
Of Birth October 27 1891 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
Idaho | a. County
Bonner | b. City or Town of Birth
Hope | |
| FATHER | 6. Full Name of Father
William Maver | | | | 7. State or Country of Father's Birth
Scotland | |
| MOTHER | 8. Full Maiden Name of Mother
Helen Ramsay Gray | | | | 9. State or Country of Mother's Birth
Scotland | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Blanche Henderson</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 15th 1956</i> | | | | 11. Present Address of Registrant
<i>704 S Grant Ave</i> | |
| | | | | | 12. Signature of Notary
<i>Roy M. Wager</i> | |
| | | | | | 13. Notary Commission Expires
<i>October 8, 1959</i> | |

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|--|--|---|---|--|--|------------------------------------|---|
| SUPPORTING RECORD 1. | | Type of Document
540-09-4911 application for Social Security number | | By whom issued and signed
Treasury Department Internal Revenue Service | | Date issued | Date Orig. Entry
Nov. 30, 1936 |
| Class* B | Date of Birth
October 27, 1891 | Birth Place
Hope Idaho | Full Name of Mother
Nellie Gray | Name of Father
Will Maver | | | |
| SUPPORTING RECORD 2. | | Type of Document
affidavit by uncle | | By whom issued and signed
Allan Maver No. Arlington, N. J. | | Date issued
6-5-56 | Date Orig. Entry |
| Class B | Date of Birth
October 27, 1891 | Birth Place
Hope, Idaho Bonner County | Full Name of Mother
Helen Ramsay Gray | Name of Father
William Maver | | | |
| SUPPORTING RECORD 3. | | Type of Document
statement re school record | | By whom issued and signed
Tacoma Public Schools Tacoma 1, Washington | | Date issued -
5-23-56 | Date Orig. Entry
Census May 1, 1910 |
| Class B | Date of Birth
October 27, 1891 | Birth Place | Full Name of Mother
Mrs. W. Mavar | Name of Father
W. Mavar | | | |
| QUALIFYING INFORMATION | | | | | | | |
| REGISTRAR'S CERTIFICATION (seal) | | | | | | | |
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | Evidence reviewed by
bw Betty Waller | | Date Filed
July 25, 1956 | |
| State Registrar
<i>W W Benson</i> | | | | | | | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF IOWA DEPARTMENT OF HEALTH BUREAU OF VITAL RECORDS

JUL 26 1958

DATE OF BIRTH
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PLACE OF DEATH
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NAME OF FATHER
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NAME OF CHILD

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NAME OF FATHER
NAME OF MOTHER
NAME OF SPOUSE
NAME OF CHILD

DATE OF BIRTH
PLACE OF BIRTH
SEX
AGE

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-788
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|-----------------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
GOLDIE JOPLIN | | | | 2. Date (month) (day) (year)
Of Birth SEPTEMBER 8 1891 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
IDAHO | a. County
ADA | b. City or Town of Birth
Boise | |
| FATHER | 6. Full Name of Father
William H. Joplin | | | | 7. State or Country of Father's Birth
West Virginia | |
| MOTHER | 8. Full Maiden Name of Mother
Senora A. Allen | | | | 9. State or Country of Mother's Birth
North Carolina | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Goldie Joplin</i> | | 11. Present Address of Registrant
<i>Box 42 Van Nuys, Calif</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 31, 1956</i> | | | 12. Signature of Notary
<i>W. H. Hamblin</i> | | 13. Notary Commission expires
<i>2-5-1959</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|--|------------------------------------|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
daughter's birth certificate | | By whom issued and signed
STATE OF IDAHO #6382 | Date issued | Date Orig. Entry
child born May 30, 1912 |
| | Date of Birth
20 years old | Birth Place
Idaho | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 2. | Type of Document
School Record | | By whom issued and signed
Boise Public Schools Clyde Langlois, Ass't Supt. | Date issued
7-2-1956 | Date Orig. Entry
School Year 1903-1904 |
| | Date of Birth
Age 12 | Birth Place | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by Brother | | By whom issued and signed
Walter Joplin | Date issued
7-31-1956 | Date Orig. Entry
7-31-56 |
| | Date of Birth
Sept 8, 1891 | Birth Place
Boise, Idaho | Full Name of Mother
Senora A. Allen | Name of Father
William H. Joplin | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
bw Betty Waller | Date Filed
7-31-56 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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1990-1991

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TO THE HONORABLE MEMBERS OF THE HOUSE OF REPRESENTATIVES

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DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De56-847
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|---|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Mary Jane Clegg</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>Nov.</u> <u>4</u> <u>1891</u> | |
| | 3. Color or Race
<u>WHITE</u> | 4. Sex
<u>FEMALE</u> | 5. Place of Birth
<u>IDAHO - BINGHAM</u> | | b. City or Town of Birth
<u>WILLOW CREEK</u> | |
| FATHER | 6. Full Name of Father
<u>William James Clegg</u> | | | | 7. State or Country of Father's Birth
<u>UTAH</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Mary Elizabeth Mudd</u> | | | | 9. State or Country of Mother's Birth
<u>UTAH</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Mary J. Clegg</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>May 14th 1956</u> | | | | 11. Present Address of Registrant
<u>2167 N. FUNSTON AVE.
STOCKTON, CALIF.</u> | |
| | 12. Signature of Notary
<u>Alan J. Babcock</u> | | | | 13. Notary Commission expires
My Commission Expires May 21, 1959 19____ | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--|---|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<u>affidavit by friend of family</u> | | By whom issued and signed
<u>Mary Maxfield Ucon, Idaho</u> | | Date issued
<u>5-21-56</u> |
| | Date of Birth
<u>November 4, 1891</u> | Birth Place
<u>Willow Creek Idaho</u> | Full Name of Mother
<u>Mary Elizabeth Mudd</u> | | Name of Father
<u>William James Clegg</u> |
| SUPPORTING
RECORD 2. | Type of Document
<u>church record</u> | | By whom issued and signed
<u>L.D.S. Church</u> | | Date issued
<u>Aug. 6, 1910</u> |
| | Date of Birth
<u>November 4, 1891</u> | Birth Place
<u>Willow Creek, Idaho Bingham County</u> | Full Name of Mother
<u>Mary Elizabeth Mudd</u> | | Name of Father
<u>William James Clegg</u> |
| SUPPORTING
RECORD 3. | Type of Document
<u>Marriage License</u> | | By whom issued and signed
<u>Thos. C. Patten</u> | | Date issued
<u>Aug. 2, 56</u> |
| | Date of Birth
<u>Age 19</u> | Birth Place | Full Name of Mother | | Date Orig. Entry
<u>November 1910</u> |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | | | | | |
| State Registrar
<u>W. Benson</u> | | | Evidence reviewed by
<u>bw Verna Reisch</u> | | Date Filed
<u>August 20, 1956</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

11-10-68 11:00 AM

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

1968-1969

AUG 20 1958

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10-10-68

RECEIVED
JAN 10 1964
U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C.

19-15-

REPORTING OFFICER: J. D. CHASE
DATE: 1-15-50
PLACE: NEW YORK

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DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De56-861
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | | |
|--|---|-------------------------|--|---------------------------|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Katie Martha Allen</u> | | | | 2. Date of Birth (month) (day) (year)
<u>Aug. 15 1891</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>American Falls Idaho</u> | a. County
<u>Idaho</u> | b. City or Town of Birth
<u>American Falls</u> | | |
| FATHER | 6. Full Name of Father
<u>Calvin Smith Allen</u> | | | | 7. State or Country of Father's Birth
<u>Idaho</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Anis Rinkston</u> | | | | 9. State or Country of Mother's Birth
<u>Idaho</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>I Max Allen</u> | | 11. Present Address of Registrant
<u>1321-Balsam, Boulder Colo.</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Aug. 7, 1956</u> | | | | 12. Signature of Notary
<u>Neva A. Williams</u> | | 13. Notary Commission expires
<u>Nov. 29, 1958</u> |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
|---|---|--|--|---|---|---|--|
| SUPPORTING RECORD 1. | Type of Document
<u>Marriage Record</u> | | | By whom issued and signed
<u>Boulder Co., Colo. Clerk Milton E. Tschiche</u> | | Date issued
<u>July 30, 56</u> | Date Orig. Entry
<u>Aug. 9, 1913</u> |
| | Date of Birth
<u>Age 21</u> | Birth Place | Full Name of Mother | | Name of Father | | |
| SUPPORTING RECORD 2. | Type of Document
<u>Insurance Policy</u> | | | By whom issued and signed
<u>Mutual Life Ins. Co. New York</u> | | Date issued
<u>September 25, 1926</u> | Date Orig. Entry |
| | Date of Birth
<u>August 15, 1891</u> | Birth Place
<u>Idaho American Falls</u> | Full Name of Mother | | Name of Father | | |
| SUPPORTING RECORD 3. | Type of Document
<u>Family Record</u> | | | By whom issued and signed
<u>Father Calvin Smith Allen</u> | | Date issued
<u>Viewed original in this</u> | Date Orig. Entry
<u>Obviously old. office</u> |
| | Date of Birth
<u>August 15, 1891</u> | Birth Place | Full Name of Mother
<u>Anis Allen</u> | | Name of Father
<u>Calvin Smith Allen</u> | | |

| | | | |
|-------------------------------------|--|---|--------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Verna Reisch</u> | Date Filed
<u>August 21, 1956</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

AUG 21 1950

A circular, textured object, possibly a coin or a seal, with a central emblem and a border of small dots. The central emblem features a stylized figure or symbol. The border is composed of a series of small, evenly spaced dots. The overall appearance is that of a metallic or stone object with a weathered or aged surface.

THE POLICE DEPT. OF NEW YORK

1971

SECRET

100

(continued)

1. *Journal of the American Medical Association*, 1997; 277: 1033-1038.

100-443887-100

[illegible]

10-10-1964

951-230-016-769

DELAYED CERTIFICATE OF BIRTH

State File No. De56-935

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

RECEIVED
SEP 10 1956

| | | | | | |
|--|---|-------------------------|------------------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Jane Pearl Read</i> | | | 2. Date (month) (day) (year)
<i>May 30 1891</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Cassia</i> | 6. City or Town of Birth
<i>Marion</i> | |
| FATHER | 6. Full Name of Father
<i>William Read</i> | | | 7. State or Country of Father's Birth
<i>Utah</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Lydia Katura Gorringer</i> | | | 9. State or Country of Mother's Birth
<i>Utah</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Jane Pearl Read Hale</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Sept 7th 1956</i> | | | 11. Present Address of Registrant
<i>Oakley Idaho</i> | |
| | 12. Signature of Notary
<i>Wallace A Hale</i> | | | 13. Notary Commission expires
<i>May 20th 1960</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---------------------------|---------------|------------------------------------|----------------|------------------|
| SUPPORTING
RECORD 1. | Type of Document | | By whom issued and signed | Date issued | Date Orig. Entry |
| | Church Membership record | | Merrill W. Warr
L.D.S. Church | Aug. 12, 56 | Sept. 1899 |
| Class* <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | Name of Father | |
| | May 30, 1891 | Marion, Idaho | Lydia Gorringer | William Read | |
| SUPPORTING
RECORD 2. | Type of Document | | By whom issued and signed | Date issued | Date Orig. Entry |
| | Affidavit by friend | | Annie Gorringer | July 12, 1956 | |
| Class <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | Name of Father | |
| | May 30, 1891 | Marion, Idaho | Lydia Gorringer | William Read | |
| SUPPORTING
RECORD 3. | Type of Document | | By whom issued and signed | Date issued | Date Orig. Entry |
| | Child's birth certificate | | Boise, Idaho
Idaho File #148656 | January 1927 | |
| Class <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | Name of Father | |
| | Age 35 | Idaho | | | |

| | | | |
|--|--|---|-------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W W Benson</i> | Evidence reviewed by
<i>Verna Reisch</i> | Date Filed
<i>Sept. 12, 1956</i> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

CERTIFICATE OF BIRTH

JULY 1910

SEP 12 1910

| | | | |
|---|--|---|---|
| I hereby certify that the foregoing is a true and correct copy of the original as the same appears in the records of the office of the Registrar of Births and Deaths for the State of New York. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Name of Child: <u>John Doe</u>
 Date of Birth: <u>July 1, 1910</u>
 Place of Birth: <u>New York City</u>
 State of Birth: <u>New York</u>
 Name of Father: <u>John Doe</u>
 Name of Mother: <u>John Doe</u>
 Name of Registrar: <u>John Doe</u>
 Date of Registration: <u>July 1, 1910</u>
 Place of Registration: <u>New York City</u>
 State of Registration: <u>New York</u> </td> <td style="width: 50%; vertical-align: top;"> Name of Child: <u>John Doe</u>
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 State of Birth: <u>New York</u>
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 Name of Mother: <u>John Doe</u>
 Name of Registrar: <u>John Doe</u>
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State of Birth: <u>New York</u>
Name of Father: <u>John Doe</u>
Name of Mother: <u>John Doe</u>
Name of Registrar: <u>John Doe</u>
Date of Registration: <u>July 1, 1910</u>
Place of Registration: <u>New York City</u>
State of Registration: <u>New York</u> | Name of Child: <u>John Doe</u>
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Name of Mother: <u>John Doe</u>
Name of Registrar: <u>John Doe</u>
Date of Registration: <u>July 1, 1910</u>
Place of Registration: <u>New York City</u>
State of Registration: <u>New York</u> |
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Date of Birth: <u>July 1, 1910</u>
Place of Birth: <u>New York City</u>
State of Birth: <u>New York</u>
Name of Father: <u>John Doe</u>
Name of Mother: <u>John Doe</u>
Name of Registrar: <u>John Doe</u>
Date of Registration: <u>July 1, 1910</u>
Place of Registration: <u>New York City</u>
State of Registration: <u>New York</u> | Name of Child: <u>John Doe</u>
Date of Birth: <u>July 1, 1910</u>
Place of Birth: <u>New York City</u>
State of Birth: <u>New York</u>
Name of Father: <u>John Doe</u>
Name of Mother: <u>John Doe</u>
Name of Registrar: <u>John Doe</u>
Date of Registration: <u>July 1, 1910</u>
Place of Registration: <u>New York City</u>
State of Registration: <u>New York</u> | | |



| | | | |
|---|--|---|---|
| I hereby certify that the foregoing is a true and correct copy of the original as the same appears in the records of the office of the Registrar of Births and Deaths for the State of New York. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Name of Child: <u>John Doe</u>
 Date of Birth: <u>July 1, 1910</u>
 Place of Birth: <u>New York City</u>
 State of Birth: <u>New York</u>
 Name of Father: <u>John Doe</u>
 Name of Mother: <u>John Doe</u>
 Name of Registrar: <u>John Doe</u>
 Date of Registration: <u>July 1, 1910</u>
 Place of Registration: <u>New York City</u>
 State of Registration: <u>New York</u> </td> <td style="width: 50%; vertical-align: top;"> Name of Child: <u>John Doe</u>
 Date of Birth: <u>July 1, 1910</u>
 Place of Birth: <u>New York City</u>
 State of Birth: <u>New York</u>
 Name of Father: <u>John Doe</u>
 Name of Mother: <u>John Doe</u>
 Name of Registrar: <u>John Doe</u>
 Date of Registration: <u>July 1, 1910</u>
 Place of Registration: <u>New York City</u>
 State of Registration: <u>New York</u> </td> </tr> </table> | Name of Child: <u>John Doe</u>
Date of Birth: <u>July 1, 1910</u>
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State of Birth: <u>New York</u>
Name of Father: <u>John Doe</u>
Name of Mother: <u>John Doe</u>
Name of Registrar: <u>John Doe</u>
Date of Registration: <u>July 1, 1910</u>
Place of Registration: <u>New York City</u>
State of Registration: <u>New York</u> | Name of Child: <u>John Doe</u>
Date of Birth: <u>July 1, 1910</u>
Place of Birth: <u>New York City</u>
State of Birth: <u>New York</u>
Name of Father: <u>John Doe</u>
Name of Mother: <u>John Doe</u>
Name of Registrar: <u>John Doe</u>
Date of Registration: <u>July 1, 1910</u>
Place of Registration: <u>New York City</u>
State of Registration: <u>New York</u> |
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Date of Birth: <u>July 1, 1910</u>
Place of Birth: <u>New York City</u>
State of Birth: <u>New York</u>
Name of Father: <u>John Doe</u>
Name of Mother: <u>John Doe</u>
Name of Registrar: <u>John Doe</u>
Date of Registration: <u>July 1, 1910</u>
Place of Registration: <u>New York City</u>
State of Registration: <u>New York</u> | Name of Child: <u>John Doe</u>
Date of Birth: <u>July 1, 1910</u>
Place of Birth: <u>New York City</u>
State of Birth: <u>New York</u>
Name of Father: <u>John Doe</u>
Name of Mother: <u>John Doe</u>
Name of Registrar: <u>John Doe</u>
Date of Registration: <u>July 1, 1910</u>
Place of Registration: <u>New York City</u>
State of Registration: <u>New York</u> | | |

| | | | | | | | |
|--|---|-------------------------|-----------------------------------|----------------------------|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Stella Jane Mavity | | | | 2. Date (month) (day) (year)
Of Birth June 17 1891 | | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
Idaho | a. County
Custer | b. City or Town of Birth
Bayhorse | | |
| FATHER | 6. Full Name of Father
James Mavity | | | | 7. State or Country of Father's Birth
Iowa | | |
| MOTHER | 8. Full Maiden Name of Mother
Louisa Dee Workman | | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Stella Jane Mavity</i> | | 11. Present Address of Registrant
Challis, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
September 11 1956 | | | | 12. Signature of Notary
<i>J. Lessil Sharp</i> | | 13. Notary Commission expires
March 17 1959 |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
|---|--|---------------------------------------|---------------------------------------|---|--|--|--|
| SUPPORTING RECORD 1- | Type of Document
Marriage License | | | By whom issued and signed
State of Idaho
County of Custer | | Date issued | Date Orig. Entry
married
May 15, 1912 |
| | Class* <u>B</u> | Date of Birth
20 years old | Birth Place | Full Name of Mother | | Name of Father | |
| SUPPORTING RECORD 2- | Type of Document
daughter's birth certificate | | | By whom issued and signed
State of Idaho
#151835 | | Date issued | Date Orig. Entry
child born
April 22, 1927 |
| | Class <u>B</u> | Date of Birth
35 years old | Birth Place
Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING RECORD 3- | Type of Document
Affidavit by Brother | | | By whom issued and signed
Thomas L. Howell | | Date issued
September | Date Orig. Entry
25, 1956 |
| | Class <u>B</u> | Date of Birth
June 17, 1891 | Birth Place
Bayhorse, Idaho | Full Name of Mother
Louisa Dee Mavity | | Name of Father
James T. Mavity | |
| QUALIFYING INFORMATION | Census Record-Census of 1920, January 1, Age 27. Birthplace-Idaho. | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
W. W. Benson | | | Evidence reviewed by
bw Verna Reisch | | Date Filed
Sept. 27, 1956 | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

1934

| PERSONAL DATA | | EDUCATION | | EMPLOYMENT | | MILITARY SERVICE | | CRIMINAL RECORD | | REMARKS | |
|-----------------|---------------|-------------|--------|------------|------|------------------|------|-----------------|------|---------|--|
| NAME | DATE OF BIRTH | EDUCATION | DEGREE | EMPLOYMENT | DATE | MILITARY SERVICE | DATE | CRIMINAL RECORD | DATE | REMARKS | |
| John Doe | 1910 | High School | | Teacher | 1930 | | | | | | |
| Jane Smith | 1915 | College | B.A. | Librarian | 1932 | | | | | | |
| Robert Johnson | 1920 | High School | | Farmer | 1931 | | | | | | |
| Elizabeth Brown | 1925 | College | B.S. | Nurse | 1933 | | | | | | |
| William Miller | 1930 | High School | | Student | 1934 | | | | | | |



OCT 1 - 1956

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De56-1020
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | | |
|--|---|--------------------|-----------------------------------|--|--|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registered Name of Registrant at Birth
<i>Louisa Emily Owen</i> | | | | 2. Date of Birth (month) (day) (year)
<i>Nov. 22 1891</i> | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>F</i> | 5. Place of Birth
<i>Idaho</i> | | a. County
<i>Bingham</i> | | |
| FATHER | 6. Full Name of Father
<i>Horace N. Owen</i> | | | | 7. State or Country of Father's Birth
<i>Utah Weber</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Mary Nettie Shurtliff</i> | | | | 9. State or Country of Mother's Birth
<i>Utah Weber</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Louisa E. O. Swift</i> | | 11. Present Address of Registrant
<i>2543 Madison Ogden Ut</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Sept 24th 1956</i> | | | | 12. Signature of Notary
<i>Lawrence M. Nolan</i> | | 13. Notary Commission expires
<i>June 30th 1957</i> |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|--|---|--|--|--|---|--|
| SUPPORTING RECORD 1-

Class* <u>B</u> | Type of Document
<i>Child's birth certificate</i> | | By whom issued and signed
<i>Odgen, Utah #11836</i> | | Date issued
<i>Sept. 5, 56</i> | Date Orig. Entry
<i>March 3, 1920</i> | |
| | Date of Birth
<i>Age 28</i> | Birth Place
<i>Idaho</i> | Full Name of Mother | | Name of Father | | |
| SUPPORTING RECORD 2-

Class <u>B</u> | Type of Document
<i>Church Record</i> | | By whom issued and signed
<i>Salt Lake City, Utah
L. D. S. Church</i> | | Date issued
<i>Aug. 13, 56</i> | Date Orig. Entry
<i>July 1, 1900</i> | |
| | Date of Birth
<i>November 22, 1891</i> | Birth Place
<i>Bingham County Ammon, Idaho</i> | Full Name of Mother
<i>Mary M. Owen</i> | | Name of Father
<i>Horace N. Owen</i> | | |
| SUPPORTING RECORD 3-

Class <u>B</u> | Type of Document
<i>Affidavit by Uncle</i> | | By whom issued and signed
<i>Charles H. Owen</i> | | Date issued
<i>Sept. 25, 1956</i> | Date Orig. Entry | |
| | Date of Birth
<i>November 22, 1891</i> | Birth Place
<i>Idaho Falls, Idaho</i> | Full Name of Mother
<i>Mary Nettie Shurtliff</i> | | Name of Father
<i>Horace Nathaniel Owen</i> | | |
| QUALIFYING INFORMATION | | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | | | | | | | |
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
<i>Verna Wilson</i> | |
| | | | | | | Date Filed
<i>Oct. 3, 1956</i> | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

RECEIVED BY THE OFFICE OF THE
DIRECTOR OF THE FBI

3 1956



REPORTING
OFFICE

REPORTING
DATE

REPORTING
TIME

REPORTING
BY

REPORTING
OFFICER

REPORTING
AGENCY

REPORTING
LOCATION

REPORTING
CONTACT

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OCT 4 - 1956

| | | | | | | |
|--|---|-------------------------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Division of Vital Statistics
Bessie Stephens | | | | 2. Date (month) (day) (year)
Birth October 9 1891 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Idaho | | b. City or Town of Birth
Clearwater | |
| FATHER | 6. Full Name of Father
Allen Daniel Stephens | | | | 7. State or Country of Father's Birth
Ferris County, Texas | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Ann Riebold | | | | 9. State or Country of Mother's Birth
Nevada, California | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Bessie Stephens</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>28th September 1956</u> | | | | 11. Present Address of Registrant
Sceptre Saskatchewan | |
| | 12. Signature of Notary
<i>W. Benson</i> | | | | 13. Notary Commission expires
<i>My commission has no exp. date</i>
19 <u>date</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--|---|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by Sister | | By whom issued and signed
Spokane, Washington
Mrs. Dave Landon | | Date issued
August 5, 1956 | Date Orig. Entry |
| | Date of Birth
October 9, 1891 | Birth Place
Clearwater, Ida. | Full Name of Mother
Mary Ann Riebold | | Name of Father
Allen Daniel Stephens | |
| SUPPORTING
RECORD 2. | Type of Document
Census Record | | By whom issued and signed
Department of Commerce
Bureau of the Census | | Date issued
Oct. 18, 51 | Date Orig. Entry
Census of 1900 |
| | Date of Birth
Age 8 | Birth Place
Idaho | Full Name of Mother
Mary Stevens | | Name of Father
Allen Stevens | |
| SUPPORTING
RECORD 3. | Type of Document
Insurance Record | | By whom issued and signed
Vancouver 3, B. C.
British Ins. Co. | | Date issued
Jan. 15, 1951 | Date Orig. Entry |
| | Date of Birth
Oct. 9, 1891 | Birth Place | Full Name of Mother | | Name of Father | |

| | | | |
|--|--|--|-----------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
vr Verna Wilson | Date Filed
Oct. 4, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

RECEIVED DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

00T19 056

State File No. De56-1098

Local Reg. No. _____

Reg. Dist. No. _____

| | | | | | |
|---|---|-----------------------|----------------------------------|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registered Name of Registrant
<u>Francis Joseph Fowler</u> | | | 2. Date of Birth
(month) (day) (year)
<u>December 11 1891</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>male</u> | 5. Place of Birth
<u>Lago</u> | a. County
<u>Caribou</u> | b. City or Town of Birth
<u>Lago, Idaho.</u> |
| FATHER | 6. Full Name of Father
<u>Joseph Thomas Fowler</u> | | | 7. State or Country of Father's Birth
<u>England</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Mary Elizabeth Turner</u> | | | 9. State or Country of Mother's Birth
<u>England</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Francis Joseph Fowler</i> | 11. Present Address of Registrant
<u>Grace, Idaho.</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>August 2-1956</u> 19 <u> </u> | | | 12. Signature of Notary
<i>[Signature]</i> | 13. Notary Commission expires
<u>January 28</u> 19 <u> 57</u> |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|-----------------------------------|---|--|---|
| SUPPORTING RECORD 1. | Type of Document
<u>Certificate of Baptism</u> | | By whom issued and signed
<u>Trout Creek, Idaho</u>
<u>L.D.S. Church</u> | | Date issued
<u>Feb. 5, 1915</u> |
| | Date of Birth
<u>December 11, 1891</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Mary E. Turner</u> | | Name of Father
<u>Joseph Fowler</u> |
| SUPPORTING RECORD 2. | Type of Document
<u>Insurance Policy</u> | | By whom issued and signed
<u>Boise, Idaho</u>
<u>Idaho Mutual Benefit</u> | | Date issued
<u>September 21, 1936</u> |
| | Date of Birth
<u>December 11, 1891</u> | Birth Place
<u>Lago, Idaho</u> | Full Name of Mother
<u>Mary Elizabeth Turner</u> | | Name of Father
<u>Joseph Thomas Fowler</u> |
| SUPPORTING RECORD 3. | Type of Document
<u>Affidavit</u> | | By whom issued and signed
<u>Anna Rasmussen</u> | | Date issued
<u>October 17, 1956</u> |
| | Date of Birth
<u>December 11, 1891</u> | Birth Place
<u>Lago, Idaho</u> | Full Name of Mother
<u>Mary Elizabeth Turner</u> | | Name of Father
<u>Joseph Thomas Fowler</u> |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>[Signature]</i> | | Evidence reviewed by
VR <u>Verna Wilson</u> | | Date Filed
<u>Oct. 22, 1956</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

SECRET

1990

007-22 1956

1962-1963

0-100 11-11-11

10-11-68

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

[illegible]

100-443887-100

1954年12月15日

1948-1949

FM 0 1004

Doc 14-4-101 11/24/2004

term

1990

38

100

10-10-1964

[illegible]

SECRET

11-10-68

10-10-68

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1861. It is a copy of the original letter, and is signed by Abraham Lincoln.

DATE: 10-10-68

100

1978-79

10-10-68

10-10-68

NOT RECORDED

1999

1990

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SECRET

THE STAFF WILL BE
A. B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.

100-443887-100

10

100

SECRET

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De56-1103

Local Reg. No. _____

Reg. Dist. No. _____

Department of Public Health
Division of Vital Statistics
Boise, Idaho

| | | | | | | | |
|--|---|-----------------------|-----------------------------------|--|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Name of Registrant at Birth
Cora Ann Grow | | | | 2. Date of Birth
Dec. 6, 1891 | | |
| | 3. Color or Race
white | 4. Sex
fem. | 5. Place of Birth
Idaho | | 6. City or Town of Birth
Genesee | | |
| FATHER | 6. Full Name of Father
John Eaton Grow | | | | 7. State or Country of Father's Birth
Wisconsin | | |
| MOTHER | 8. Full Maiden Name of Mother
Jennie Smith | | | | 9. State or Country of Mother's Birth
Oregon City, Oregon | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Cora Grow Wilson</i> | | 11. Present Address of Registrant
5006 Columbia |
| NOTARY (Seal) | Subscribed and sworn to before me on
August 20, 1956 | | | | 12. Signature of Notary
<i>Helmer D. Benson</i> | | 13. Notary Commission expires
9/20 1958 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|---|--|--------------------------------------|---|--|--|--|
| SUPPORTING
RECORD 1-

Class <u>B</u> | Type of Document
Family Bible record | | By whom issued and signed
Washington
El L. Jamison-Notary | | Date issued
1912 | Date Orig. Entry
Original viewed by
Notary Public. |
| | Date of Birth
December 6, 1891 | Birth Place
Genesee, Idaho | Full Name of Mother
Jennie Irene Smith | | Name of Father
John Eaton Grow | |
| SUPPORTING
RECORD 2-

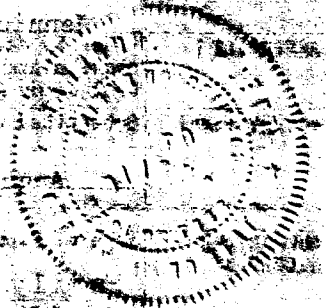
Class <u>B</u> | Type of Document
Doctor's record | | By whom issued and signed
Vancouver, Washington
Frank Boersma, M.D. | | Date issued
6/23/56 | Date Orig. Entry
7/30/47 |
| | Date of Birth
December 6, 1891 | Birth Place | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3-

Class <u>B</u> | Type of Document
Social Security Record | | By whom issued and signed
Treasury Department | | Date issued
June 14, 1937 | Date Orig. Entry |
| | Date of Birth
December 6, 1891 | Birth Place
Genesee, Idaho | Full Name of Mother
Jennie Smith Grow | | Name of Father
John E. Grow | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. H. Benson</i> | | | Evidence reviewed by
vr Verna Wilson | | Date Filed
Oct. 22, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF CALIFORNIA

Oct 22 1901



STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF THE STATE REGISTRAR
BIRTH RECORD
Name of Child: [illegible]
Sex: [illegible]
Date of Birth: [illegible]
Place of Birth: [illegible]
Name of Mother: [illegible]
Name of Father: [illegible]
Address: [illegible]
City: [illegible]
County: [illegible]
State: [illegible]

NAME OF CHILD: [illegible]
SEX: [illegible]
DATE OF BIRTH: [illegible]
PLACE OF BIRTH: [illegible]
NAME OF MOTHER: [illegible]
NAME OF FATHER: [illegible]
ADDRESS: [illegible]
CITY: [illegible]
COUNTY: [illegible]
STATE: [illegible]

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF THE STATE REGISTRAR
BIRTH RECORD
Name of Child: [illegible]
Sex: [illegible]
Date of Birth: [illegible]
Place of Birth: [illegible]
Name of Mother: [illegible]
Name of Father: [illegible]
Address: [illegible]
City: [illegible]
County: [illegible]
State: [illegible]

249-212 REFILED DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 9 - 1956

STATE OF IDAHO

State File No. De56-1125

Local Reg. No. _____

Reg. Dist. No. _____

| | | | | | | |
|---|---|-------------------------|--|--|---|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Bertha Edith Smith (also known as Beatrice) | | | 2. Date of Birth (month) (day) (year)
July 12, 1891 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Boise, Idaho | a. County
Ada | b. City or Town of Birth
Boise, Idaho | |
| FATHER | 6. Full Name of Father
James Richard Smith | | | 7. State or Country of Father's Birth
Joplin, Missouri | | |
| MOTHER | 8. Full Maiden Name of Mother
Ida May Wylie | | | 9. State or Country of Mother's Birth
Boise, Idaho, Ada County | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Bertha Edith Smith</i> | | 11. Present Address of Registrant
145 Highland Ave., Burlingame P. O. Box 572, Calif. |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 6 1956</i> | | | 12. Signature of Notary
<i>Ida May Wylie</i> | | 13. Notary Commission expires
MY COMMISSION EXPIRES SEPTEMBER 19, 1959 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|--|------------------------------------|---|--|---|
| SUPPORTING RECORD 1. | Type of Document
Certificate of Marriage | | By whom issued and signed
Clark Co., Washington
Bruce Worthington-Auditor | Date issued
May 1, 56 | Date Orig. Entry
March 31, 1915 |
| | Date of Birth
Age 23 | Birth Place
Idaho | Full Name of Mother
Wiley | Name of Father
James Smith | |
| SUPPORTING RECORD 2. | Type of Document
Affidavit by friend | | By whom issued and signed
Mrs. Clara See | Date issued
July 9, 1956 | Date Orig. Entry |
| | Date of Birth
July 12, 1891 | Birth Place
Boise, Idaho | Full Name of Mother
Ida May Wylie Smith | Name of Father
James Richard Smith | |
| SUPPORTING RECORD 3. | Type of Document
Bible Record | | By whom issued and signed
William B. Smith | Date issued
Obviously old. | Date Orig. Entry |
| | Date of Birth
July 12, 1891 | Birth Place
Boise, Idaho | Full Name of Mother | Name of Father
James R. Smith | |

QUALIFYING INFORMATION

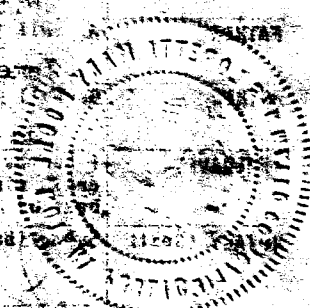
REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. B. Benson</i> | Evidence reviewed by
vr Verna Wilson | Date Filed
Oct. 29, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF MISSISSIPPI

OCT 30 1956



State Title No. 100-100-100
Local Reg. No. 100-100-100
Reg. Dist. No. 100-100-100
Date of Reg. 100-100-100
Name of Reg. 100-100-100
Address of Reg. 100-100-100
City of Reg. 100-100-100
County of Reg. 100-100-100
State of Reg. 100-100-100

State Title No. 100-100-100
Local Reg. No. 100-100-100
Reg. Dist. No. 100-100-100
Date of Reg. 100-100-100
Name of Reg. 100-100-100
Address of Reg. 100-100-100
City of Reg. 100-100-100
County of Reg. 100-100-100
State of Reg. 100-100-100

| Class | Section | Block | Lot | Area | Owner | Address | City | County | State |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 |
| 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 |
| 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 |
| 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 |
| 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 |
| 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 |
| 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 |
| 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 |
| 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 | 100-100-100 |

State Title No. 100-100-100
Local Reg. No. 100-100-100
Reg. Dist. No. 100-100-100
Date of Reg. 100-100-100
Name of Reg. 100-100-100
Address of Reg. 100-100-100
City of Reg. 100-100-100
County of Reg. 100-100-100
State of Reg. 100-100-100

669-227-003-395- DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. De56-1118
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | |
|--|--|-------------------------|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Perle Wornek | | 2. Date (month) (day) (year)
Of Birth October 27 1891 | |
| | 3. Color or Race
white | 4. Sex
Female | 5. Place of Birth a. County
Bannock
b. City or Town of Birth
Pocatello | |
| FATHER | 6. Full Name of Father
John Milton Wornek | | 7. State or Country of Father's Birth
Iowa | |
| MOTHER | 8. Full Maiden Name of Mother
Ellura Belle Trenner | | 9. State or Country of Mother's Birth
Ohio | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>Perle McKendrick</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
October 17th 19 56 | | 11. Present Address of Registrant
San Francisco, California
170 Alpine Terrace | |
| | 12. Signature of Notary
<i>Marie H. Tuttle</i>
Notary Public in and for the City and County of San Francisco, State of California. | | 13. Notary Commission expires
December 16, 19 58 | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | |
|---|--|---|--|---|
| SUPPORTING RECORD 1. | Type of Document
Child's birth certificate | | By whom issued and signed
Boise, Idaho
Idaho File #340140. | Date issued
Apr. 13, 42 |
| | Date of Birth
Age 19 | Birth Place
Pocatello, Idaho. | Full Name of Mother | Date Orig. Entry
March 29, 1911 |
| SUPPORTING RECORD 2. | Type of Document
Affidavit | | By whom issued and signed
Mrs. Frances Beverland | Date issued
October 11, 1956 |
| | Date of Birth
Age 2 | Birth Place | Full Name of Mother
Ellura Belle Trenner | Date Orig. Entry
John Milton Wornek |
| SUPPORTING RECORD 3. | Type of Document
Insurance Policy | | By whom issued and signed
United Benefit | Date issued
June 12, 1929 |
| | Date of Birth
October 27, 1891 | Birth Place
Pocatello, Idaho | Full Name of Mother | Date Orig. Entry
Name of Father |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

| | |
|--|--|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Verna Wilson
Date Filed
November 1, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

NOV 1 1950

| | | | | | | | | | | | | | | | | | | | |
|------------------|--------|------------------|-------------------|----------------------|----------------------|---------------------------------|---------------------------------|--------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Name of child | 2. Sex | 3. Date of birth | 4. Place of birth | 5. Name of mother | 6. Name of father | 7. Name of mother's maiden name | 8. Name of father's maiden name | 9. Name of mother's previous husband | 10. Name of father's previous wife | 11. Name of mother's previous child | 12. Name of father's previous child | 13. Name of mother's previous child | 14. Name of father's previous child | 15. Name of mother's previous child | 16. Name of father's previous child | 17. Name of mother's previous child | 18. Name of father's previous child | 19. Name of mother's previous child | 20. Name of father's previous child |
| October 28, 1950 | Male | October 28, 1950 | Chicago, Illinois | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy |



| | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 21. Name of mother's previous husband | 22. Name of father's previous wife | 23. Name of mother's previous child | 24. Name of father's previous child | 25. Name of mother's previous child | 26. Name of father's previous child | 27. Name of mother's previous child | 28. Name of father's previous child | 29. Name of mother's previous child | 30. Name of father's previous child | 31. Name of mother's previous child | 32. Name of father's previous child | 33. Name of mother's previous child | 34. Name of father's previous child | 35. Name of mother's previous child | 36. Name of father's previous child | 37. Name of mother's previous child | 38. Name of father's previous child | 39. Name of mother's previous child | 40. Name of father's previous child |
| John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy |

| | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 41. Name of mother's previous husband | 42. Name of father's previous wife | 43. Name of mother's previous child | 44. Name of father's previous child | 45. Name of mother's previous child | 46. Name of father's previous child | 47. Name of mother's previous child | 48. Name of father's previous child | 49. Name of mother's previous child | 50. Name of father's previous child | 51. Name of mother's previous child | 52. Name of father's previous child | 53. Name of mother's previous child | 54. Name of father's previous child | 55. Name of mother's previous child | 56. Name of father's previous child | 57. Name of mother's previous child | 58. Name of father's previous child | 59. Name of mother's previous child | 60. Name of father's previous child |
| John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy | John William Kennedy |

November 1, 1950

W. H. Kennedy

189-108-001-365

Department of Public Health
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHOState File No. De56-1158

Local Reg. No. _____

Reg. Dist. No. _____

| | | | | | | |
|--|---|-----------------------|---|--|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
WILLIAM HENRY AYRES | | | | 2. Date of Birth
MAY 8 1891 | |
| | 3. Color or Race
WHITE | 4. Sex
MALE | 5. Place of Birth a. County
ADA | | b. City or Town of Birth
STAR | |
| FATHER | 6. Full Name of Father
JAMES L. AYRES | | | | 7. State or Country of Father's Birth
MISSOURI | |
| MOTHER | 8. Full Maiden Name of Mother
JENNIMA ANDOSIA CONNER | | | | 9. State or Country of Mother's Birth
COVE, OREGON | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Wm H. Ayres</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>October 16 1956</i> | | | | 11. Present Address of Registrant
<i>Pearl Route - Eagle, Ida.</i> | |
| | 12. Signature of Notary
<i>John Hazel L. Hurlbert</i> | | | | 13. Notary Commission expires
<i>Sept. 28 1960</i> | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|---|-----------------------------------|---|--|---|
| SUPPORTING RECORD 1. | Type of Document
Affidavit by Aunt | | By whom issued and signed
Margarette E. Worthington | | Date issued
6-18-1942 |
| | Date of Birth
May 8, 1891 | Birth Place
Star, Idaho | Full Name of Mother
Jemmima Andosia Conner | | Date Orig. Entry
June 18, 1942 |
| SUPPORTING RECORD 2. | Type of Document
Family Bible | | By whom issued and signed | | Date issued |
| | Date of Birth
May 8, 1891 | Birth Place
Star, Idaho | Full Name of Mother | | Date Orig. Entry
obviously old |
| SUPPORTING RECORD 3. | Type of Document
No. 22433 Insurance Policy | | By whom issued and signed
Oregon Life Insurance Co. of Portland, Oregon | | Date issued
Nov 21, 1923 |
| | Date of Birth
May 8, 1891 | Birth Place
Star, Idaho | Full Name of Mother | | Date Orig. Entry
Viewed the Original Record |

| | | | |
|-------------------------------------|--|---|-----------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
Joyce B. Foltz | Date Filed
Nov. 2, 1956 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAIDED CERTIFICATE OF BIRTH STATE OF IOWA

NOV 3 1921
Iowa State Department of Health
Division of Vital Statistics



DATE OF BIRTH: 11-18-1893
PLACE OF BIRTH: ST. LOUIS, MO.
FATHER'S NAME: [illegible]
MOTHER'S NAME: [illegible]
REGISTRATION NUMBER: [illegible]

1. Signature of Registrar
2. Signature of Father
3. Signature of Mother

NAME OF CHILD: [illegible]
DATE OF BIRTH: 11-18-1893
PLACE OF BIRTH: ST. LOUIS, MO.
FATHER'S NAME: [illegible]
MOTHER'S NAME: [illegible]
REGISTRATION NUMBER: [illegible]

NAME OF CHILD: [illegible]
DATE OF BIRTH: 11-18-1893
PLACE OF BIRTH: ST. LOUIS, MO.
FATHER'S NAME: [illegible]
MOTHER'S NAME: [illegible]
REGISTRATION NUMBER: [illegible]

W. H. Dawson
Nov. 2, 1921
Iowa State Department of Health
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-031
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-----------------------|---|---|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
RALPH SMALLEY | | | 2. Date of Birth
(month) August (day) 13 (year) 1891 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
Hagerman Valley | a. County
Gooding | b. City or Town of Birth
Salmon Falls now Hagerman | |
| FATHER | 6. Full Name of Father
Henry Smalley | | | 7. State or Country of Father's Birth
England - Came to U S A at age of 3 | | |
| MOTHER | 8. Full Maiden Name of Mother
Winnie E. Richards | | | 9. State or Country of Mother's Birth
Pennsylvania | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Ralph Smalley</i> | | 11. Present Address of Registrant
R F D # 1 Buhl, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 27, 19 56 | | | 12. Signature of Notary
<i>John O. Eastman</i> | | 13. Notary Commission expires
February 4, 19 57 |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|---|---------------------------------------|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
Registration for Draft | | By whom issued and signed
General Services Administration | | Date issued
June 5, 1917 |
| | Date of Birth
Aug. 13, 1891 | Birth Place
Hagerman, Idaho | Full Name of Mother | | Name of Father |
| Class* B | | | | | |
| SUPPORTING RECORD 2. | Type of Document
Insurance Record | | By whom issued and signed
Idaho Mutual Benefit Association | | Date issued
8/26/1940 |
| | Date of Birth
Aug. 13, 1891 | Birth Place
Hagerman, Idaho | Full Name of Mother | | Name of Father |
| Class B | | | | | |
| SUPPORTING RECORD 3. | Type of Document
Affidavit by neighbor at time of birth | | By whom issued and signed
Winnie Newman | | Date issued
1/9/1957 |
| | Date of Birth
Aug. 13, 1891 | Birth Place
Hagerman, Idaho | Full Name of Mother
Winnie E. Smalley | | Name of Father
Henry Smalley |
| Class B | | | | | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|--|---|------------------------------------|
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
ss Shirley Straubhar | Date Filed
Jan. 11, 1957 |
|--|---|------------------------------------|

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

State of Idaho
 Department of Health
 Division of Vital Statistics
 Boise, Idaho

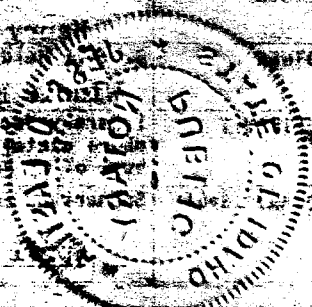
DELETED CERTIFICATE OF BIRTH STATE OF IDAHO

1951 JAN 11

1. Date of Birth: August 13, 1901
 2. Place of Birth: Salmon Falls, now Harrison
 3. State of Birth: Oregon
 4. Name of Father: [illegible]
 5. Name of Mother: [illegible]
 6. Date of Death: [illegible]
 7. Place of Death: [illegible]
 8. State of Death: [illegible]
 9. Name of Registrar: [illegible]
 10. Date of Registration: [illegible]

1. Name of Child: [illegible]
 2. Sex: male
 3. Date of Birth: [illegible]
 4. Place of Birth: [illegible]
 5. State of Birth: [illegible]
 6. Name of Father: [illegible]
 7. Name of Mother: [illegible]
 8. Date of Death: [illegible]
 9. Place of Death: [illegible]
 10. State of Death: [illegible]
 11. Name of Registrar: [illegible]
 12. Date of Registration: [illegible]

1. Name of Child: [illegible]
 2. Sex: male
 3. Date of Birth: [illegible]
 4. Place of Birth: [illegible]
 5. State of Birth: [illegible]
 6. Name of Father: [illegible]
 7. Name of Mother: [illegible]
 8. Date of Death: [illegible]
 9. Place of Death: [illegible]
 10. State of Death: [illegible]
 11. Name of Registrar: [illegible]
 12. Date of Registration: [illegible]



1. Name of Child: [illegible]
 2. Sex: [illegible]
 3. Date of Birth: [illegible]
 4. Place of Birth: [illegible]
 5. State of Birth: [illegible]
 6. Name of Father: [illegible]
 7. Name of Mother: [illegible]
 8. Date of Death: [illegible]
 9. Place of Death: [illegible]
 10. State of Death: [illegible]
 11. Name of Registrar: [illegible]
 12. Date of Registration: [illegible]

1. Name of Child: [illegible]
 2. Sex: [illegible]
 3. Date of Birth: [illegible]
 4. Place of Birth: [illegible]
 5. State of Birth: [illegible]
 6. Name of Father: [illegible]
 7. Name of Mother: [illegible]
 8. Date of Death: [illegible]
 9. Place of Death: [illegible]
 10. State of Death: [illegible]
 11. Name of Registrar: [illegible]
 12. Date of Registration: [illegible]

1. Name of Child: [illegible]
 2. Sex: [illegible]
 3. Date of Birth: [illegible]
 4. Place of Birth: [illegible]
 5. State of Birth: [illegible]
 6. Name of Father: [illegible]
 7. Name of Mother: [illegible]
 8. Date of Death: [illegible]
 9. Place of Death: [illegible]
 10. State of Death: [illegible]
 11. Name of Registrar: [illegible]
 12. Date of Registration: [illegible]

These records are those made by the State of Idaho, Department of Health, Division of Vital Statistics, and are not to be used for any other purpose than for the purpose for which they were made.

231-001-753

DELAYED CERTIFICATE OF BIRTH

State File No. De57-039

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

| | | | | | | | |
|--|---|-------------------------|--|----------------------------|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Ethel Gertrude Blazer</i> | | | | | 2. Date (month) <i>Nov.</i> (day) <i>13</i> (year) <i>Fri 1891</i> | |
| | 3. Color or Race
<i>Caucasian</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Nampa, Idaho</i> | a. County
<i>County</i> | b. City or Town of Birth
<i>Nampa Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>Charles Henry Blazer</i> | | | | | 7. State or Country of Father's Birth
<i>Michigan</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Sarah Elizabeth Pettys</i> | | | | | 9. State or Country of Mother's Birth
<i>Iowa</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<i>Ethel Blazer Olsen</i> | |
| NOTARY (Seal)
STATE OF CALI.
Co. of KINGS | Subscribed and sworn to before me on
<i>December 3 1956</i> | | | | | 11. Present Address of Registrant
<i>318 E. 11th St Hanford, Calif.</i> | |
| | 12. Signature of Notary
<i>A. Hugo Pearson</i> | | | | | 13. Notary Commission expires
<i>May 31 1957</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|--|--|------------------------------------|---|--|---|
| SUPPORTING
RECORD 1. | Type of Document
<i>U.S. Census Report</i> | | By whom issued and signed
<i>U.S. Dept. of Commerce
Bureau of the Census</i> | Date issued
<i>June 1, 1900</i> | Date Orig. Entry |
| | Date of Birth
<i>Nov. 1891</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>Sarah E. Blazer</i> | Name of Father
<i>Charles H. Blazer</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Insurance Policy</i> | | By whom issued and signed
<i>California State Life
Insurance Company</i> | Date issued | Date Orig. Entry
<i>Aug. 21, 1924</i> |
| | Date of Birth
<i>Nov. 13, 1891</i> | Birth Place
<i>Nampa, Idaho</i> | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document
<i>Son's birth certificate</i> | | By whom issued and signed
<i>State of
California</i> | Date issued
<i>1/8/1942</i> | Date Orig. Entry
<i>Child born
Feb. 28, 1913</i> |
| | Date of Birth
<i>age 21</i> | Birth Place
<i>Idaho</i> | Full Name of Mother | Name of Father | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W W Benson</i> | | Evidence reviewed by
<i>SS Shirley Straubhar</i> | Date Filed
<i>Jan. 15, 1957</i> | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

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...to ...

JAN 16 1957

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A circular postmark from New York, NY, dated SEP 14 1964. The text "NEW YORK, NY" is curved along the top inner edge, and "SEP 14 1964" is curved along the bottom inner edge. The center of the stamp is heavily obscured by a large, dark, irregular ink smudge.

2. Date of Birth
 1921
 3. Place of Birth
 1921
 4. State or County of Birth
 1921
 5. State or County of Birth
 1921

20. Signature of Registrant

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613-214-007-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

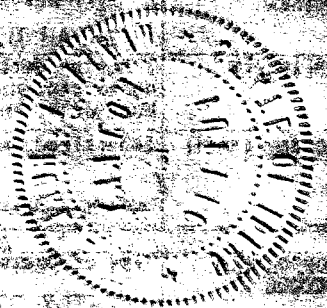
State File No. De-57-053

| | | | | | | |
|--|---|---------------------------|----------------------|---------------------------------------|----------------------------------|-----------------------------------|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth | | | 2. Date (month) (day) (year) | | |
| | LOTTIE FALER | | | NOVEMBER 14, 1891 | | |
| FATHER | 3. Color or Race | 4. Sex | 5. Place of Birth | a. County | b. City or Town of Birth | |
| | WHITE | FEMALE | BLAINE | KETCHUM, IDAHO | | |
| MOTHER | 6. Full Name of Father | | | 7. State or Country of Father's Birth | | |
| | CHARLES E. FALER | | | ILLINOIS | | |
| AFFIDAVIT | 8. Full Maiden Name of Mother | | | 9. State or Country of Mother's Birth | | |
| | ZURAH M. HUNT | | | MONTANA | | |
| NOTARY (Seal) | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant | | 11. Present Address of Registrant |
| | Subscribed and sworn to before me on | | | 12. Signature of Notary | | 13. Notary Commission expires |
| January 18 1957 | | | Lottie Faler | | SHOSHONE, IDAHO | |
| | | | Rozel L. Hurlbert | | Sept. 28 1960 | |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1. | Type of Document | | | By whom issued and signed | | Date issued Date Orig. Entry |
| | FAMILY BIBLE RECORD | | | MOTHER*ZURAH M. FALER | | NEAR TIME OF BIRTH |
| SUPPORTING RECORD 2. | Date of Birth | Birth Place | Full Name of Mother | | Viewed by Vital Statistics | |
| | November 14, 1891 | Ketchum, Idaho | Zurah M. Faler | | Name of Father Appears Very Old. | |
| SUPPORTING RECORD 3. | Type of Document | By whom issued and signed | | Date issued | Date Orig. Entry | |
| | Child's Birth Certificate | State of Idaho #721 | | July 15, 1911 | September 28, 1926 | |
| QUALIFYING INFORMATION | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | Age 19 | Idaho | | | | |
| REGISTRAR'S CERTIFICATION | Type of Document | | | By whom issued and signed | | Date issued |
| | Register for Election | | | Lincoln County Recorder | | September 28, 1926 |
| (seal) | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | Age 34 | | | | | |
| Lodge Record issued by the Order of the Eastern Star in Shoshone, Idaho, | | | | | | |
| on December 21, 1937. Her age at that time is given as 46. | | | | | | |
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| State Registrar | | | Evidence reviewed by | | Date Filed | |
| W. W. Benson | | | Shirley Cooper | | 1-18-57 | |

RECEIVED JAN 21 1957

STATE OF TEXAS

JAN 21 1957



Form with multiple sections and fields, containing faint text and markings. The form appears to be a document or report, possibly related to the state of Texas, given the header information. The text is mostly illegible due to the quality of the scan, but some words like "STATE OF TEXAS" and "RECEIVED" are visible. There are also some handwritten notes and stamps scattered throughout the form.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-058
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-----------------------|--|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Daniel Waylett Thomas | | | | 2. Date (month) (day) (year)
Of Birth September 24 1891 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
in private home Oneida | | b. City or Town of Birth
Malad City, Idaho | |
| FATHER | 6. Full Name of Father
Benjamin D. Thomas | | | | 7. State or Country of Father's Birth
Corinne, Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Matilda Ann Waylett | | | | 9. State or Country of Mother's Birth
Brigham City, Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Daniel Waylett Thomas</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
July 21st 19 56 | | | | 11. Present Address of Registrant
Small, Idaho | |
| | | | | | 12. Signature of Notary
<i>W. A. Ellis</i> | |
| | | | | | 13. Notary Commission expires
July 1st 19 57 | |

| SUPPORTING RECORD 1. | | | | APPLICANT - DO NOT WRITE BELOW THIS LINE | | | |
|----------------------|--|--|--|--|---|------------------------------------|--|
| Class <u>B</u> | Type of Document
Child's certificate | | By whom issued and signed
Bureau of Vital Statistics | | Date issued
April 21, 1918 | Date Orig. Entry | |
| | Date of Birth
Age 26 | Birth Place
Idaho | Idaho File #58847 | | Full Name of Mother | | |
| | | | | | Name of Father | | |
| SUPPORTING RECORD 2. | | | | | | | |
| Class <u>B</u> | Type of Document
Affidavit by brother | | By whom issued and signed
William Henry Thomas | | Date issued
July 21, 1956 | Date Orig. Entry | |
| | Date of Birth
September 24, 1891 | Birth Place
Malad City, Ida. | Full Name of Mother
Matilda Ann Waylett | | Name of Father
Benjamin D. Thomas | | |
| SUPPORTING RECORD 3. | | | | | | | |
| Class <u>B</u> | Type of Document
Application for Renewal of Driver's License | | By whom issued and signed
Dubois, Clark Co., Ida. | | Date issued
1/16/57 | Date Orig. Entry
6/26/45 | |
| | Date of Birth
Sept. 24, 1891 | Birth Place | Full Name of Mother | | Name of Father | | |

| | | | |
|----------------------------------|--|---|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. A. Benson</i> | Evidence reviewed by
vr Shirley Straubhar | Date Filed
Jan. 25, 1957 |

DECEASED CERTIFICATE OF BIRTH

STATE OF TEXAS

JAN 25 1957

| | | | |
|--|--|-------------------------------|--|
| Date of Birth
1918 | | Date of Death
1957 | |
| Name of Deceased
William Henry Thomas | | Name of Mother
Mary Thomas | |
| Date of Birth
1918 | | Date of Death
1957 | |
| Name of Deceased
William Henry Thomas | | Name of Mother
Mary Thomas | |
| Date of Birth
1918 | | Date of Death
1957 | |
| Name of Deceased
William Henry Thomas | | Name of Mother
Mary Thomas | |



| | | | |
|--|--|-------------------------------|--|
| Date of Birth
1918 | | Date of Death
1957 | |
| Name of Deceased
William Henry Thomas | | Name of Mother
Mary Thomas | |
| Date of Birth
1918 | | Date of Death
1957 | |
| Name of Deceased
William Henry Thomas | | Name of Mother
Mary Thomas | |
| Date of Birth
1918 | | Date of Death
1957 | |
| Name of Deceased
William Henry Thomas | | Name of Mother
Mary Thomas | |

469-103-036-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-139

| | | | | | | |
|--|---|--------------------|------------------------------------|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
William Andrew Morrison | | | | 2. Date (month) (day) (year)
Of Birth December 3, 1891 | |
| | 3. Color or Race
White | 4. Sex
M | 5. Place of Birth
Oneida | | a. County
Franklin, Idaho | |
| FATHER | 6. Full Name of Father
Joseph S. Morrison | | | | 7. State or Country of Father's Birth
Franklin, Idaho | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Whitehead | | | | 9. State or Country of Mother's Birth
Franklin, Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>William Andrew Morrison</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
January 15, 1957 | | | | 11. Present Address of Registrant
549 Stansbury, Pocatello, Ida. | |
| | | | | | 12. Signature of Notary
<i>P. H. Carlson</i> | |
| | | | | | 13. Notary Commission expires
June, 1957 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---|--|--|---|---------------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Certificate of Ordination | | By whom issued and signed
Marsh Center Ward, Ida.
L.D.S. | | Date Issued | Date Orig. Entry
11-19-1906 |
| | Date of Birth
Dec. 3, 1891 | Birth Place
Oneida County
Franklin, Idaho | Full Name of Mother
Mary Whitehead | | Name of Father
Jos. S. Morrison | |
| SUPPORTING
RECORD 2. | Type of Document
Marriage License | | By whom issued and signed
County State of Utah/of Weber | | Date issued
2-1-57 | Date Orig. Entry
2-6-24 |
| | Date of Birth
Dec. 3, 1891 | Birth Place
Franklin, Idaho | Full Name of Mother
Mary Whitehead | | Name of Father
J.S. Morrison | |
| SUPPORTING
RECORD 3. | Type of Document
Insurance Policy | | By whom issued and signed
Sterling Casualty Insurance Co. | | Date issued
12-27-37 | Date Orig. Entry |
| | Date of Birth
Dec. 3, 1891 | Birth Place | Full Name of Mother | | Name of Father | |

QUALIFYING INFORMATION

| | | | |
|--|--|--|------------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. H. Benson</i> | Evidence reviewed by
Shirley Straubhar | Date Filed
Feb. 13, 1957 |

DELAVER CERTIFICATE OF BIRTH STATE OF DELAWARE

FEB 14 1957



| | | | |
|---|--|---|--|
| Name of Child
Franklin, Isaac | | Date of Birth
January 15, 1957 | |
| Place of Birth
Franklin, Idaho | | Name of Father
Isaac Harrison | |
| Name of Mother
Isaac Harrison | | Name of Registrar
Isaac Harrison | |
| Date of Issuance
January 15, 1957 | | Date of Registration
January 15, 1957 | |
| Name of Child
Isaac Harrison | | Date of Birth
January 15, 1957 | |
| Place of Birth
Franklin, Idaho | | Name of Father
Isaac Harrison | |
| Name of Mother
Isaac Harrison | | Name of Registrar
Isaac Harrison | |



THIS CERTIFICATE OF BIRTH IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE DELAWARE VITAL STATISTICS ACT, AND IS VALID FOR ALL PURPOSES.

DATE: FEB. 12, 1957

291-129-019-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-148

| | | | | | | |
|--|---|-----------------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Roy Bradshaw | | | 2. Date (month) (day) (year)
Of Birth August 29 1891 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Custer | b. City or Town of Birth
Dickey, Idaho | | |
| FATHER | 6. Full Name of Father
William Bradshaw | | | 7. State or Country of Father's Birth
Wales | | |
| MOTHER | 8. Full Maiden Name of Mother
Elizabeth Thomas | | | 9. State or Country of Mother's Birth
Wales | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Roy Bradshaw</i> | | 11. Present Address of Registrant
Clayton, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
January 14 1957 | | | 12. Signature of Notary
<i>Mildred Beach</i> | | 13. Notary Commission expires
February 25 1958 |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--|---|--|---|---|
| SUPPORTING
RECORD 1- | Type of Document
Affidavit by Neighbor of
parents at time of Birth | | By whom issued and signed
Thomas Howell | | Date issued
1-17-57 | Date Orig. Entry |
| | Date of Birth
Aug. 29,
1891 | Birth Place
Custer County,
Idaho | Full Name of Mother
Elizabeth Thomas Bradshaw | | Name of Father
William Bradshaw | |
| SUPPORTING
RECORD 2- | Type of Document
Marriage License | | By whom issued and signed
Custer Co., Idaho | | Date issued
1-15-57 | Date Orig. Entry
12-20-1919 |
| | Date of Birth
age 28 | Birth Place | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3- | Type of Document
Son's Birth Certificate | | By whom issued and signed
Idaho #150247 | | Date issued | Date Orig. Entry
Child born
12-7-26 |
| | Date of Birth
age 35 | Birth Place
Idaho | Full Name of Mother | | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
ss Shirley Straubhar | Date Filed
Feb. 14, 1957 |

DECEASED CERTIFICATE OF BIRTH

STATE OF IOWA

| | | | | | |
|---------------------------|--|------------------------|--|-------------------------|--|
| Name of Deceased
_____ | | Date of Birth
_____ | | Place of Birth
_____ | |
| Name of Mother
_____ | | Date of Birth
_____ | | Place of Birth
_____ | |
| Name of Father
_____ | | Date of Birth
_____ | | Place of Birth
_____ | |
| Name of Deceased
_____ | | Date of Birth
_____ | | Place of Birth
_____ | |
| Name of Mother
_____ | | Date of Birth
_____ | | Place of Birth
_____ | |
| Name of Father
_____ | | Date of Birth
_____ | | Place of Birth
_____ | |
| Name of Deceased
_____ | | Date of Birth
_____ | | Place of Birth
_____ | |
| Name of Mother
_____ | | Date of Birth
_____ | | Place of Birth
_____ | |
| Name of Father
_____ | | Date of Birth
_____ | | Place of Birth
_____ | |



Year of Issue

State of Iowa

884-11-030-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-237

| | | | | | | |
|---|---|-----------------------|-----------------------------------|---|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Horace Benjamin Hyde</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>September 11</u> <u>1891</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Male</u> | 5. Place of Birth
<u>Lemhi</u> | a. County
<u>Lemhi</u>
b. City or Town of Birth
<u>Ranch near Salmon</u> | | |
| FATHER | 6. Full Name of Father
<u>George Washington Hyde</u> | | | | 7. State or Country of Father's Birth
<u>Albany Vermont</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Sarah Minert</u> | | | | 9. State or Country of Mother's Birth
<u>Albany Wisconsin</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Horace Hyde</u> | | 11. Present Address of Registrant
<u>Salmon, Idaho</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>February 5th</u> <u>19</u> <u>57</u> | | | 12. Signature of Notary
<u>[Signature]</u> | | 13. Notary Commission expires
<u>February 27</u> <u>19</u> <u>60</u> |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|---|--|--|--|---|--------------------------------------|
| SUPPORTING RECORD 1. | Type of Document
<u>Affidavit by Family Friend</u> | | By whom issued and signed
<u>Floyd R. Goodell</u> | | Date issued
<u>1-21-57</u> | Date Orig. Entry |
| | Date of Birth
<u>Sept. 11, 1891</u> | Birth Place
<u>Lemhi County Salmon, Idaho</u> | Full Name of Mother
<u>Sarah Minert</u> | | Name of Father
<u>George Washington Hyde</u> | |
| SUPPORTING RECORD 2. | Type of Document
<u>Insurance Policy</u> | | By whom issued and signed
<u>Western States Benefit Association</u> | | Date issued
<u>12-6-45</u> | Date Orig. Entry |
| | Date of Birth
<u>Sept. 11, 1891</u> | Birth Place
<u>Salmon, Idaho</u> | Full Name of Mother | | Name of Father | |
| SUPPORTING RECORD 3. | Type of Document
<u>Marriage License</u> | | By whom issued and signed
<u>Lemhi Co., Idaho</u> | | Date issued
<u>2-25-57</u> | Date Orig. Entry
<u>2-18-1928</u> |
| | Date of Birth
<u>age 36</u> | Birth Place | Full Name of Mother | | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|--|---|-----------------------------------|
| State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>ss Shirley Straubhar</u> | Date Filed
<u>Mar. 9, 1957</u> |
|--|---|-----------------------------------|

DECLAYED CERTIFICATE OF BIRTH (OPTIONAL FORM)

MAR 11 1957

| | | | | | |
|--|--|------------------------------|--|-------------------------------|--|
| Name of child at birth
[Illegible] | | Date of birth
[Illegible] | | Place of birth
[Illegible] | |
| Name of mother
[Illegible] | | Date of birth
[Illegible] | | Place of birth
[Illegible] | |
| Name of father
[Illegible] | | Date of birth
[Illegible] | | Place of birth
[Illegible] | |
| Name of child at age 1
[Illegible] | | Date of birth
[Illegible] | | Place of birth
[Illegible] | |
| Name of child at age 2
[Illegible] | | Date of birth
[Illegible] | | Place of birth
[Illegible] | |
| Name of child at age 3
[Illegible] | | Date of birth
[Illegible] | | Place of birth
[Illegible] | |
| Name of child at age 4
[Illegible] | | Date of birth
[Illegible] | | Place of birth
[Illegible] | |
| Name of child at age 5
[Illegible] | | Date of birth
[Illegible] | | Place of birth
[Illegible] | |
| Name of child at age 6
[Illegible] | | Date of birth
[Illegible] | | Place of birth
[Illegible] | |
| Name of child at age 7
[Illegible] | | Date of birth
[Illegible] | | Place of birth
[Illegible] | |
| Name of child at age 8
[Illegible] | | Date of birth
[Illegible] | | Place of birth
[Illegible] | |
| Name of child at age 9
[Illegible] | | Date of birth
[Illegible] | | Place of birth
[Illegible] | |
| Name of child at age 10
[Illegible] | | Date of birth
[Illegible] | | Place of birth
[Illegible] | |

STATE OF NEW YORK
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 ALBANY, N. Y.

1957-11-01

1957-11-01

459-228-022-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-245

| | | | | | | |
|--|---|-------------------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Elsie Theresa Merrill, Rainey.</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>Feb.</u> <u>28</u> <u>1891</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth a. County
<u>Fremont, (now Jefferson)</u> | | b. City or Town of Birth
<u>Menan, Idaho</u> <u>U.S.A.</u> | |
| FATHER | 6. Full Name of Father
<u>Elias Sylvanus Merrill</u> | | | | 7. State or Country of Father's Birth
<u>Utah, U.S. A.</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Sarah Melvina Scott</u> | | | | 9. State or Country of Mother's Birth
<u>Utah, U.S.A.</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Elsie Theresa Merrill Rainey</u> | 11. Present Address of Registrant
<u>Living 701 Idaho</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>March 4th 1957</u> | | | | 12. Signature of Notary
<u>George M. Benson</u> | 13. Notary Commission expires
<u>Dec 12 1959</u> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|---|---|---|--------------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
<u>Affidavit by old family acquaintance age 76</u> | | By whom issued and signed
<u>Jacob A. Duffy</u> | Date issued
<u>3-4-57</u> | Date Orig. Entry |
| | Date of Birth
<u>Feb. 28, 1891</u> | Birth Place
<u>Jefferson Co., Menan, Idaho</u> | Full Name of Mother
<u>Sarah Melvona Scott</u> | Name of Father
<u>Elias Sylvanus Merrill</u> | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Insurance Policy</u> | | By whom issued and signed
<u>Gem State Mutual Life Association</u> | Date issued
<u>7-15-38</u> | Date Orig. Entry |
| | Date of Birth
<u>Feb. 28, 1891</u> | Birth Place
<u>Menan, Idaho</u> | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document
<u>Church Record</u> | | By whom issued and signed
<u>Annis Ward, Lorenzo, Idaho L.D.S.</u> | Date issued
<u>2-14-57</u> | Date Orig. Entry
<u>6-30-1900</u> |
| | Date of Birth
<u>Feb. 28, 1891</u> | Birth Place
<u>Menan, Idaho</u> | Full Name of Mother
<u>Sarah M. Scott</u> | Name of Father
<u>Elias S. Merrill</u> | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. M. BensonEvidence reviewed by
Shirley Straubhar

Date Filed

March 12, 1957

10-15-1951

[illegible]

515-126-007-649

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De57-284**

| | | | | | | |
|---|---|-----------------------|---|--|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Frederick Jasper Vancil | | | 2. Date (month) (day) (year)
Of Birth August 26 1891 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Broadford, Blaine | b. City or Town of Birth
Broadford, | | |
| FATHER | 6. Full Name of Father
Eli L. Vancil | | | 7. State or Country of Father's Birth
Jefferson County, Illinois | | |
| MOTHER | 8. Full Maiden Name of Mother
Temperance Furby | | | 9. State or Country of Mother's Birth
Kentucky | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Frederick J. Vancil</i> | | 11. Present Address of Registrant
Hailey, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 11 19 57 | | | 12. Signature of Notary
<i>Joseph M. Sadden</i> | | 13. Notary Commission expires
April 12 1959 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|--|--|---|--|---|
| SUPPORTING RECORD 1. | Type of Document
Application for Social Security Account No. | | By whom issued and signed
U.S. Treasury Dept. | Date issued
12-3-36 | Date Orig. Entry |
| | Date of Birth
Aug. 26, 1891 | Birth Place
Broadford, Idaho | Full Name of Mother
Temperance Furby | Name of Father
Eli L. Vancil | |
| SUPPORTING RECORD 2. | Type of Document
Affidavit by Sister | | By whom issued and signed
Fay Ella McVicker | Date issued
8-30-56 | Date Orig. Entry |
| | Date of Birth
Aug. 26, 1891 | Birth Place
Broadford, Idaho | Full Name of Mother
Temperance Furby Vancil | Name of Father
Eli L. Vancil | |
| SUPPORTING RECORD 3. | Type of Document
Army Discharge | | By whom issued and signed
U.S. Army | Date issued
1-25-1919 | Date Orig. Entry
Enlisted 6-28-1918 |
| | Date of Birth
age 26 4/12 mo. | Birth Place
Broadford, Idaho | Full Name of Mother | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. J. Benson

Evidence reviewed by

Shirley Straubhar

Date Filed

Mar. 19, 1957

MAR 19 1953

A circular postmark from the State of Illinois. The outer ring contains the text "STATE OF ILLINOIS" at the top and "POST OFFICE" at the bottom. The center contains the date "JAN 1904". The postmark is inverted relative to the document's orientation.

819-121-022-483

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-323

| | | | | | | |
|---|---|-----------------------|---|--|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Parley Allen Harmon | | | 2. Date of Birth
(month) (day) (year)
2 21 1891 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Lewisville, Fremont | | b. City or Town of Birth
Lewisville, Idaho. | |
| FATHER | 6. Full Name of Father
Henry Martin Harmon | | | 7. State or Country of Father's Birth
Utah. | | |
| MOTHER | 8. Full Maiden Name of Mother
Margaret Lovina Myler | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Parley Allen Harmon</i> | | 11. Present Address of Registrant
Glenns Ferry Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 4th 1957</i> | | | 12. Signature of Notary
<i>George A. Abraham</i> | | 13. Notary Commission expires
<i>Jan 20 1960</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

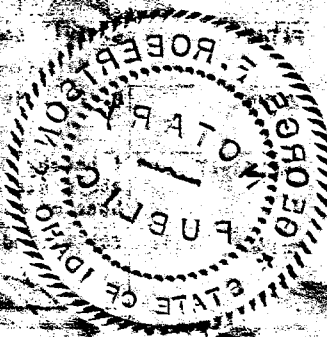
| | | | | | |
|-----------------------------|--|---|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
Certificate of Ordination | | By whom issued and signed
Kilgore Ward, L.D.S. | Date Issued | Date Orig. Entry
Aug. 19, 1917 |
| | Date of Birth
Feb. 21, 1891 | Birth Place
Lewisville, Idaho | Full Name of Mother
Margaret L. Myler | Name of Father
Henry M. Harmon | |
| SUPPORTING RECORD 2. | Type of Document
Affidavit by Relative | | By whom issued and signed
H.J. Harmon | Date Issued
3-23-57 | Date Orig. Entry |
| | Date of Birth
Feb. 21, 1891 | Birth Place
Lewisville, Idaho | Full Name of Mother
Margaret Lovina Myler Harmon | Name of Father
Henry Martin Harmon | |
| SUPPORTING RECORD 3. | Type of Document
Marriage License | | By whom issued and signed
Fremont Co., Idaho | Date Issued
3-1-57 | Date Orig. Entry
10-6-1915 |
| | Date of Birth
age 24 | Birth Place | Full Name of Mother | Name of Father | |

| | | | |
|-------------------------------|--|---|-------------------------------|
| QUALIFYING INFORMATION | Type of Document
Lodge Record | By Whom Issued
Elmore Co., Benevolent Society | Date Issued
3-23-57 |
| | Original Entry
4-19-1933
age at that time- 42 | | |

| | | | |
|--|--|---|-------------------------------------|
| REGISTRAR'S CERTIFICATION
(Seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. A. Benson</i> | Evidence reviewed by
SS Shirley Straubhar | Date Filed
March 28, 1957 |

DECEASED CERTIFICATE OF BIRTH
STATE OF TEXAS

NOV 28 1951



| | | | |
|-----------------------|--|-----------------------|--|
| Name of Person | | Date of Birth | |
| Name of Mother | | Place of Birth | |
| Name of Father | | City or Town of Birth | |
| County of Birth | | State of Birth | |
| Date of Birth | | Place of Birth | |
| City or Town of Birth | | State of Birth | |
| County of Birth | | Date of Birth | |
| Name of Person | | Date of Birth | |
| Name of Mother | | Place of Birth | |
| Name of Father | | City or Town of Birth | |
| County of Birth | | State of Birth | |
| Date of Birth | | Place of Birth | |
| City or Town of Birth | | State of Birth | |
| County of Birth | | Date of Birth | |

| | | | |
|-----------------------|--|-----------------------|--|
| Name of Person | | Date of Birth | |
| Name of Mother | | Place of Birth | |
| Name of Father | | City or Town of Birth | |
| County of Birth | | State of Birth | |
| Date of Birth | | Place of Birth | |
| City or Town of Birth | | State of Birth | |
| County of Birth | | Date of Birth | |
| Name of Person | | Date of Birth | |
| Name of Mother | | Place of Birth | |
| Name of Father | | City or Town of Birth | |
| County of Birth | | State of Birth | |
| Date of Birth | | Place of Birth | |
| City or Town of Birth | | State of Birth | |
| County of Birth | | Date of Birth | |



469-104-001-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-422

| | | | | | | |
|--|---|----------------|--|---|----------------------------------|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Clark Haggard Morris | | | 2. Date (month) (day) (year)
Of Birth December 4th 1891 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth a. County
Star, Ada County, Idaho | | b. City or Town of Birth
Star | |
| FATHER | 6. Full Name of Father
Rev. James Perry Morris | | | 7. State or Country of Father's Birth
Bloomington, Illinois | | |
| MOTHER | 8. Full Maiden Name of Mother
Nellie Alida Moore | | | 9. State or Country of Mother's Birth
Lake Geneva, Wisconsin | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Clark Haggard Morris</i> | | 11. Present Address of Registrant
3839 Turkeyfoot Road, S.
Akron 19, Ohio |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Feb 18</i> 19 <i>57</i> | | | 12. Signature of Notary
<i>Harry E. Johnson</i> | | 13. Notary Commission expires
<i>Aug 20</i> 19 <i>57</i> |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--|--|--|--------------------------------------|---|
| SUPPORTING
RECORD 1. | Type of Document
Marriage record | | By whom issued and signed
Ada County Recorder,
Idaho | | Date issued
2-12-57 | Date Orig. Entry
5-10-18 |
| | Date of Birth
age 26 | Birth Place
Star, Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 2. | Type of Document
Honorable Discharge | | By whom issued and signed
U.S. National Guard | | Date issued
8-14-17 | Date Orig. Entry
Enlisted
7-12-16 |
| | Date of Birth
enlistment
age 24 | Birth Place
Star, Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document
Application for Social
Security Account Number | | By whom issued and signed
Treasury Department | | Date issued | Date Orig. Entry
Dec. 19, 1941 |
| | Date of Birth
Dec. 4,
1891 | Birth Place
Ada County
Star, Idaho | Full Name of Mother
Nellie Alida Moore | | Name of Father
James Perry Morris | |

| | | | |
|--|--|---|------------------------------|
| QUALIFYING
INFORMATION | Notarized Affidavit by sister, Ethel M. Cassel, born 8-21-1884; used as "Affidavit in Lieu of Birth Certificate" for employment May 6, 1942; notarized 3-31-42: That Clark H. Morris was born Dec. 4, 1891 in Star, Ada Co. Ida. to James P. & Nellie A. Moore Morris. | | |
| | | | |
| REGISTRAR'S
CERTIFICATION
(Seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
nr Nancy Richards | Date Filed
April 17, 1957 |

851-229-029-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-451

| | | | | | | | | |
|--|---|--------------------|--|--|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
MARGARET HEALY | | | | 2. Date (month) (day) (year)
Of Birth MAY 29 1891 | | | |
| | 3. Color of Hair
WH | 4. Sex
F | 5. Place of Birth a. County
GENESEE, IDAHO LATAH | | b. City or Town of Birth
GENESEE, IDAHO | | | |
| FATHER | 6. Full Name of Father
DANIEL HEALY | | | | 7. State or Country of Father's Birth
COUNTY KERRY, IRELAND | | | |
| MOTHER | 8. Full Maiden Name of Mother
ANNIE TIERNEY | | | | 9. State or Country of Mother's Birth
GENESEE, IDAHO | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Margaret Healy</i> | | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
MARCH 21 19 57 | | | | 11. Present Address of Registrant
ROUTE 2, COLFAX, WASHINGTON | | | |
| | 12. Signature of Notary
<i>W. J. Tierney</i> | | | | 13. Notary Commission expires
Nov. 17 1959 | | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--------------------------------------|--|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
born 12-28-1873 | | By whom issued and signed
William J. Tierney | | Date issued
3-21-57 | Date Orig. Entry |
| | Affidavit by Uncle | | Full Name of Mother
Annie Tierney | | Name of Father
Daniel Healy | |
| SUPPORTING
RECORD 2. | Date of Birth
May 29, 1891 | Birth Place
Genesee, Idaho | Full Name of Mother
Anna Tierney | | Date issued
4-9-57 | Date Orig. Entry
June 28, 1891 |
| | Type of Document
Baptismal Certificate | | By whom issued and signed
St. Mary's R. C. Church
Genesee, Idaho | | Name of Father
Daniel Healey | |
| SUPPORTING
RECORD 3. | Date of Birth
May 29, 1891 | Birth Place
Genesee, Idaho | Full Name of Mother
Anna Tierney | | Date issued
3-7-57 | Date Orig. Entry
Nov. 23, 1923 |
| | Type of Document
Statement from Hospital | | By whom issued and signed
St. Ignatius Hospital
Colfax, Washington | | Name of Father
Daniel Healey | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|-------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. J. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
April 24, 1957 |

DELETED CREDIT CARD OF BIRTH

APR 25 1951

| | | | |
|--|--|---|--|
| NAME
JAMES H. HANCOCK | | DATE OF BIRTH
1911 | |
| SEX
M | | RACE
W | |
| PLACE OF BIRTH
COUNTY KERRY, IRELAND | | COUNTRY OF BIRTH
IRELAND | |
| ADDRESS
1234 MAIN ST., NEW YORK, N.Y. | | OCCUPATION
CLERK | |
| EDUCATION
HIGH SCHOOL | | RELIGION
CATHOLIC | |
| MARRIAGE
MARRIED | | SPOUSE
JANE D. HANCOCK | |
| CHILDREN
2 | | PARENTS
JOHN H. HANCOCK, MARY H. HANCOCK | |
| SOCIAL SECURITY NUMBER
123-45-6789 | | CITIZENSHIP
NATURALIZED | |
| EMPLOYMENT
EMPLOYED | | EMPLOYER
ABC COMPANY | |
| MILITARY SERVICE
NONE | | DISCLOSURE
NONE | |
| SIGNATURE
JAMES H. HANCOCK | | DATE
APR 25 1951 | |



799-217-001-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-464

| | | | | | | | |
|--|---|--------------------|-----------------------------------|-------------------------|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Ollie Hall Pritchard</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>August 17 1891</i> | | |
| | 3. Color of Race
<i>White</i> | 4. Sex
<i>F</i> | 5. Place of Birth
<i>Idaho</i> | a. County
<i>Ada</i> | b. City or Town of Birth
<i>Star</i> | | |
| FATHER | 6. Full Name of Father
<i>Thomas Emmanuel Pritchard</i> | | | | 7. State or Country of Father's Birth
<i>England</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Eugene Emeline Partain</i> | | | | 9. State or Country of Mother's Birth
<i>Texas</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Ollie H. Moss</i> | | 11. Present Address of Registrant
<i>Rt 11 Box 932 Olympia, Wash</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Nov 29 1956</i> | | | | 12. Signature of Notary
<i>Morgan Speer</i> | | 13. Notary Commission expires
<i>8-5 1959</i> |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|-----------------------------------|---|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
<i>Affidavit by Brother</i> | | By whom issued and signed
<i>John Pritchard</i> | | Date issued
<i>Nov. 15, 1956</i> | Date Orig. Entry |
| | Date of Birth
<i>Aug. 17, 1891</i> | Birth Place
<i>Star, Idaho</i> | Full Name of Mother
<i>Eugene Emeline Pritchard</i> | | Name of Father
<i>Thomas E. Pritchard</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>School Record</i> | | By whom issued and signed
<i>Fred Anderson, Supt. of Schools Canyon County</i> | | Date issued
<i>Nov. 14, 1956</i> | Date Orig. Entry
<i>Sept. 12, 1903</i> |
| | Date of Birth
<i>age 12</i> | Birth Place | Full Name of Mother
<i>Mrs. Pritchard</i> | | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document
<i>Lodge Record</i> | | By whom issued and signed
<i>Gen. of the Mountains Rebekah Lodge No. 5, Caldwell, Ida.</i> | | Date issued
<i>1-12-57</i> | Date Orig. Entry
<i>May 19, 1919</i> |
| | Date of Birth
<i>age 27</i> | Birth Place
<i>---</i> | Full Name of Mother
<i>---</i> | | Name of Father
<i>---</i> | |

| | | | |
|--|--|--|-------------------------------------|
| QUALIFYING
INFORMATION | Voting Record, Thurston Co., Washington, 6-11-38: Birthplace - Star, Idaho. | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
<i>SS Nancy Richards</i> | Date Filed
<i>April 29, 1957</i> |

1 copy paid

SECRET

APR 20 1957

10/15/59

465-223-021-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-551

| | | | | | | | |
|--|---|-------------------------|---|--|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Nellie Monson</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>April 23 1891</u> | | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>Female</u> | 5. Place of Birth a. County
<u>Preston Idaho, Franklin</u> | | b. City or Town of Birth
<u>Preston</u> | | |
| FATHER | 6. Full Name of Father
<u>Hans Monson</u> | | | | 7. State or Country of Father's Birth
<u>Utah</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Esther Ellen Harris</u> | | | | 9. State or Country of Mother's Birth
<u>Utah</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Nellie M. Hansen</u> | | 11. Present Address of Registrant
<u>Preston Idaho</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Apr. 30 - 1957</u> | | 12. Signature of Notary
<u>Hansen</u> | | 13. Notary Commission expires
<u>May 1 - 1957</u> | | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
|---|--|---|--|--|--------------------------------------|---|--|
| SUPPORTING
RECORD 1. | Type of Document
<u>Church Record</u> | | By whom issued and signed
<u>Preston (rd Ward, Oneida Stake, LDS Church</u> | | Date issued
<u>7-31-56</u> | Date Orig. Entry
<u>Aug. 9, 1902</u> | |
| | Date of Birth
<u>April 23, 1891</u> | Birth Place
<u>Franklin Co. Preston, Idaho</u> | Full Name of Mother
<u>Esther Harris</u> | | Name of Father
<u>Hans Monson</u> | | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Insurance Policy</u> | | By whom issued and signed
<u>Metropolitan Life Ins. Co.</u> | | Date issued
<u>3-30-25</u> | Date Orig. Entry
<u>3-30-25</u> | |
| | Date of Birth
<u>age next birthday - 34</u> | Birth Place
<u>---</u> | Full Name of Mother
<u>---</u> | | Name of Father
<u>---</u> | | |
| SUPPORTING
RECORD 3. | Type of Document
<u>own child's birth certificate</u> | | By whom issued and signed
<u>Idaho #335813</u> | | Date issued
<u>rec'd. 3-12-42</u> | Date Orig. Entry
<u>child born Feb. 24, 1918</u> | |
| | Date of Birth
<u>age 26</u> | Birth Place
<u>Preston, Idaho</u> | Full Name of Mother
<u>---</u> | | Name of Father
<u>---</u> | | |

QUALIFYING INFORMATION

| | | | |
|---|--|--|-----------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal.) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. A. Benson</u> | Evidence reviewed by
<u>nr Nancy Richards</u> | Date Filed
<u>May 24, 1957</u> |

DEPARTMENT OF AGRICULTURE

UNITED STATES OF AMERICA

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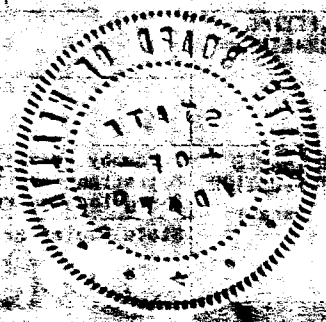
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DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-600

| | | | | | | | | |
|---|---|------------------|---------------------------|---------------------|---|--|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Velma C. Skelton | | | | 2. Date (month) (day) (year)
Of Birth October 20 1891 | | | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
Pine | a. County
Elmore | b. City or Town of Birth
Pine | | | |
| FATHER | 6. Full Name of Father
H. F. Skelton | | | | 7. State or Country of Father's Birth
Scarborough, England | | | |
| MOTHER | 8. Full Maiden Name of Mother
Fanny Owen | | | | 9. State or Country of Mother's Birth
Nashville, Tennessee | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Velma C. Skelton</i> | | 11. Present Address of Registrant
Mountain Home, Idaho | |
| NOTARY (Seal) | Subscribed and sworn to before me on
June 6th, 1957 | | | | 12. Signature of Notary
<i>Richard Anderson</i> | | 13. Notary Commission expires
July 7, 1959 | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|---|----------------------------|---|--|---|--|
| SUPPORTING RECORD 1. | Type of Document
Affidavit by Father | | By whom issued and signed
H. F. Skelton - Father | | Date issued
6-6-57 | Date Orig. Entry |
| | Date of Birth
October 20, 1891 | Birth Place
Pine, Idaho | Full Name of Mother
Fanny Owen Skelton | | Name of Father
H. F. Skelton | |
| SUPPORTING RECORD 2. | Type of Document
Family Bible Record | | By whom issued and signed
Father - H.F. Skelton | | Date issued
Viewed by Vital Statistics | Date Orig. Entry
Pages very worn & discolored |
| | Date of Birth
October 20, 1891 | Birth Place | Full Name of Mother | | Name of Father obviously very old
H. Skelton | |
| SUPPORTING RECORD 3. | Type of Document
Own Child's Birth Certificate | | By whom issued and signed
State of Idaho #73155 | | Date issued
Child's Birthdate | Date Orig. Entry
September 18, 1919 |
| | Date of Birth
Age 27 | Birth Place
Idaho | Full Name of Mother | | Name of Father | |

QUALIFYING INFORMATION

| | | | |
|--|--|--|----------------------------|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Shirley Cooper | Date Filed
June 6, 1957 |

JUN 7 1967

A circular postmark from London, dated 1847. The text "LONDON" is at the top, "1847" is at the bottom, and "JAN 10" is in the center. The number "10" is large and prominent.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 08-10-2010 BY 60322 UCBAW/SJS

1921 1922



145-217-001-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-715

| | | | | | | | | |
|--|---|-------------------------|-----------------------------------|-----------|--|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Mary Louise Junor</i> | | | | | 2. Date (month) (day) (year)
Of Birth <i>May 17 1891</i> | | |
| | 3. Color of Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Boise</i> | a. County | | b. City or Town of Birth
<i>Boise</i> | | |
| FATHER | 6. Full Name of Father
<i>Elphinstone Patrick Junor</i> | | | | | 7. State or Country of Father's Birth
<i>New Zealand</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Mary Agnes McMahon</i> | | | | | 9. State or Country of Mother's Birth
<i>San Jose Calif</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<i>Mary Louise Schmitt</i> | | 11. Present Address of Registrant
<i>6001-Ocean View St. Oakland Calif</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 14 1957</i> | | | | | 12. Signature of Notary
<i>CC Paul</i> | | 13. Notary Commission expires
<i>Oct 31 1957</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|-----------------------------|--------|--|---|-----------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by aunt | | age 76 | By whom issued and signed
Ellen M. Becker | Date issued
3-14-57 | Date Orig. Entry |
| | Date of Birth
May 17, 1891 | Birth Place
Boise, Idaho | | Full Name of Mother
Mary Agnes McMahon | Name of Father
Elphinstone Patrick Junor | |
| SUPPORTING
RECORD 2. | Type of Document
Certificate of Baptism | | | By whom issued and signed
St. John's Cathedral
Rev. DeNardis, Boise, Idaho | Date issued
3-6-57 | Date Orig. Entry
June 19, 1891 |
| | Date of Birth
May 17, 1891 | Birth Place
---- | | Full Name of Mother
Marie McMahon | Name of Father
Elphonston P. Junors | |
| SUPPORTING
RECORD 3. | Type of Document
School Record | | | By whom issued and signed
St. Teresa's Academy
Boise, Idaho | Date issued
5-24-57 | Date Orig. Entry
Sept. 1897 |
| | Date of Birth
May 17, 1891 | Birth Place
---- | | Full Name of Mother
---- | Name of Father
---- | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. Benson

Evidence reviewed by

nr

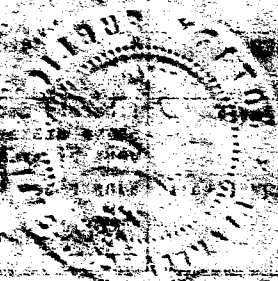
Nancy Richards

Date Filed

July 12, 1957

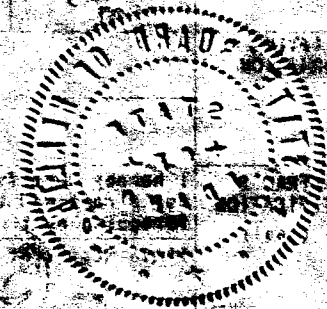
DECEASED CERTIFICATE OF BIRTH
DATE 1910

JUL 16 1910



10 16 1910

RECORDED IN
INDEXED IN



381-123-221-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-831

| | | | | | | |
|--|---|----------------|-------------------|--|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Milton Hale Thatcher | | | | 2. Date (month) (day) (year)
May 23, 1891 | |
| | 3. Color or Race | 4. Sex
Male | 5. Place of Birth | a. County
Franklin | b. City or Town of Birth
Preston, Idaho | |
| FATHER | 6. Full Name of Father
Milton Herbert Thatcher | | | | 7. State or Country of Father's Birth
Logan, Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Hattie Vilate Hale | | | | 9. State or Country of Mother's Birth
Soda Springs, Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Milton Hale Thatcher</i> | | 11. Present Address of Registrant |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>13th of August</i> 19 <i>57</i> | | | 12. Signature of Notary
<i>[Signature]</i> | | 13. Notary Commission expires
<i>May 10, 1959</i> 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|--|--|--|---|-----------------------------------|
| SUPPORTING RECORD 1- | Type of Document
Affidavit by mother | | By whom issued and signed
Hattie Vilate Hale Thatcher | | Date issued
7-12-57 | Date Orig. Entry |
| | Date of Birth
May 23, 1891 | Birth Place
Preston, Idaho | Full Name of Mother
Hattie Vilate Hale Thatcher | | Name of Father
Milton Herbert Thatcher | |
| SUPPORTING RECORD 2- | Type of Document
Insurance Policy Application | | By whom issued and signed
Mutual Life Insurance Co. of New York | | Date issued | Date Orig. Entry
Nov. 17, 1930 |
| | Date of Birth
May 23, 1891 | Birth Place
Preston, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document
L.D.S. Church Record | | By whom issued and signed
Preston Ward, Oneida Stake Clerk 4th. L.D.S. Ward | | Date issued
8/9/1957 | Date Orig. Entry
July 7, 1891 |
| | Date of Birth
5/23/1891 | Birth Place
Franklin Co. Preston, Idaho | Full Name of Mother
Hattie Valite Thatcher | | Name of Father
Milton Herbert Thatcher | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|--|---|-------------------------------|
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
nr Nancy Richards | Date Filed
August 20, 1957 |
|--|---|-------------------------------|

THE UNIVERSITY OF CHICAGO

AUG 30 1967



| | |
|---|---|
| <p>1. <u>1941</u></p> <p>2. <u>1942</u></p> <p>3. <u>1943</u></p> <p>4. <u>1944</u></p> <p>5. <u>1945</u></p> <p>6. <u>1946</u></p> <p>7. <u>1947</u></p> <p>8. <u>1948</u></p> <p>9. <u>1949</u></p> <p>10. <u>1950</u></p> <p>11. <u>1951</u></p> <p>12. <u>1952</u></p> <p>13. <u>1953</u></p> <p>14. <u>1954</u></p> <p>15. <u>1955</u></p> <p>16. <u>1956</u></p> <p>17. <u>1957</u></p> <p>18. <u>1958</u></p> <p>19. <u>1959</u></p> <p>20. <u>1960</u></p> <p>21. <u>1961</u></p> <p>22. <u>1962</u></p> <p>23. <u>1963</u></p> <p>24. <u>1964</u></p> <p>25. <u>1965</u></p> <p>26. <u>1966</u></p> <p>27. <u>1967</u></p> <p>28. <u>1968</u></p> <p>29. <u>1969</u></p> <p>30. <u>1970</u></p> <p>31. <u>1971</u></p> <p>32. <u>1972</u></p> <p>33. <u>1973</u></p> <p>34. <u>1974</u></p> <p>35. <u>1975</u></p> <p>36. <u>1976</u></p> <p>37. <u>1977</u></p> <p>38. <u>1978</u></p> <p>39. <u>1979</u></p> <p>40. <u>1980</u></p> <p>41. <u>1981</u></p> <p>42. <u>1982</u></p> <p>43. <u>1983</u></p> <p>44. <u>1984</u></p> <p>45. <u>1985</u></p> <p>46. <u>1986</u></p> <p>47. <u>1987</u></p> <p>48. <u>1988</u></p> <p>49. <u>1989</u></p> <p>50. <u>1990</u></p> <p>51. <u>1991</u></p> <p>52. <u>1992</u></p> <p>53. <u>1993</u></p> <p>54. <u>1994</u></p> <p>55. <u>1995</u></p> <p>56. <u>1996</u></p> <p>57. <u>1997</u></p> <p>58. <u>1998</u></p> <p>59. <u>1999</u></p> <p>60. <u>2000</u></p> <p>61. <u>2001</u></p> <p>62. <u>2002</u></p> <p>63. <u>2003</u></p> <p>64. <u>2004</u></p> <p>65. <u>2005</u></p> <p>66. <u>2006</u></p> <p>67. <u>2007</u></p> <p>68. <u>2008</u></p> <p>69. <u>2009</u></p> <p>70. <u>2010</u></p> <p>71. <u>2011</u></p> <p>72. <u>2012</u></p> <p>73. <u>2013</u></p> <p>74. <u>2014</u></p> <p>75. <u>2015</u></p> <p>76. <u>2016</u></p> <p>77. <u>2017</u></p> <p>78. <u>2018</u></p> <p>79. <u>2019</u></p> <p>80. <u>2020</u></p> <p>81. <u>2021</u></p> <p>82. <u>2022</u></p> <p>83. <u>2023</u></p> <p>84. <u>2024</u></p> <p>85. <u>2025</u></p> <p>86. <u>2026</u></p> <p>87. <u>2027</u></p> <p>88. <u>2028</u></p> <p>89. <u>2029</u></p> <p>90. <u>2030</u></p> <p>91. <u>2031</u></p> <p>92. <u>2032</u></p> <p>93. <u>2033</u></p> <p>94. <u>2034</u></p> <p>95. <u>2035</u></p> <p>96. <u>2036</u></p> <p>97. <u>2037</u></p> <p>98. <u>2038</u></p> <p>99. <u>2039</u></p> <p>100. <u>2040</u></p> | <p>1. <u>1941</u></p> <p>2. <u>1942</u></p> <p>3. <u>1943</u></p> <p>4. <u>1944</u></p> <p>5. <u>1945</u></p> <p>6. <u>1946</u></p> <p>7. <u>1947</u></p> <p>8. <u>1948</u></p> <p>9. <u>1949</u></p> <p>10. <u>1950</u></p> <p>11. <u>1951</u></p> <p>12. <u>1952</u></p> <p>13. <u>1953</u></p> <p>14. <u>1954</u></p> <p>15. <u>1955</u></p> <p>16. <u>1956</u></p> <p>17. <u>1957</u></p> <p>18. <u>1958</u></p> <p>19. <u>1959</u></p> <p>20. <u>1960</u></p> <p>21. <u>1961</u></p> <p>22. <u>1962</u></p> <p>23. <u>1963</u></p> <p>24. <u>1964</u></p> <p>25. <u>1965</u></p> <p>26. <u>1966</u></p> <p>27. <u>1967</u></p> <p>28. <u>1968</u></p> <p>29. <u>1969</u></p> <p>30. <u>1970</u></p> <p>31. <u>1971</u></p> <p>32. <u>1972</u></p> <p>33. <u>1973</u></p> <p>34. <u>1974</u></p> <p>35. <u>1975</u></p> <p>36. <u>1976</u></p> <p>37. <u>1977</u></p> <p>38. <u>1978</u></p> <p>39. <u>1979</u></p> <p>40. <u>1980</u></p> <p>41. <u>1981</u></p> <p>42. <u>1982</u></p> <p>43. <u>1983</u></p> <p>44. <u>1984</u></p> <p>45. <u>1985</u></p> <p>46. <u>1986</u></p> <p>47. <u>1987</u></p> <p>48. <u>1988</u></p> <p>49. <u>1989</u></p> <p>50. <u>1990</u></p> <p>51. <u>1991</u></p> <p>52. <u>1992</u></p> <p>53. <u>1993</u></p> <p>54. <u>1994</u></p> <p>55. <u>1995</u></p> <p>56. <u>1996</u></p> <p>57. <u>1997</u></p> <p>58. <u>1998</u></p> <p>59. <u>1999</u></p> <p>60. <u>2000</u></p> <p>61. <u>2001</u></p> <p>62. <u>2002</u></p> <p>63. <u>2003</u></p> <p>64. <u>2004</u></p> <p>65. <u>2005</u></p> <p>66. <u>2006</u></p> <p>67. <u>2007</u></p> <p>68. <u>2008</u></p> <p>69. <u>2009</u></p> <p>70. <u>2010</u></p> <p>71. <u>2011</u></p> <p>72. <u>2012</u></p> <p>73. <u>2013</u></p> <p>74. <u>2014</u></p> <p>75. <u>2015</u></p> <p>76. <u>2016</u></p> <p>77. <u>2017</u></p> <p>78. <u>2018</u></p> <p>79. <u>2019</u></p> <p>80. <u>2020</u></p> <p>81. <u>2021</u></p> <p>82. <u>2022</u></p> <p>83. <u>2023</u></p> <p>84. <u>2024</u></p> <p>85. <u>2025</u></p> <p>86. <u>2026</u></p> <p>87. <u>2027</u></p> <p>88. <u>2028</u></p> <p>89. <u>2029</u></p> <p>90. <u>2030</u></p> <p>91. <u>2031</u></p> <p>92. <u>2032</u></p> <p>93. <u>2033</u></p> <p>94. <u>2034</u></p> <p>95. <u>2035</u></p> <p>96. <u>2036</u></p> <p>97. <u>2037</u></p> <p>98. <u>2038</u></p> <p>99. <u>2039</u></p> <p>100. <u>2040</u></p> |
|---|---|

815-129-022-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1064

| | | | | | | |
|--|---|-----------------------|---|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Andrew C. Hansen</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Dec. 29, 1891</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth a. County
<i>Fremont</i> | | b. City or Town of Birth
<i>Teton Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>Hyrum C. Hansen</i> | | | | 7. State or Country of Father's Birth
<i>Brigham City, Utah</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Annie C. Anderson</i> | | | | 9. State or Country of Mother's Birth
<i>Brigham City, Utah</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Andrew C. Hansen</i> | | 11. Present Address of Registrant
<i>REXBUR, IDAHO</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>October 25 1957</i> | | | 12. Signature of Notary
<i>Vernon C. Mortensen</i> | | 13. Notary Commission expires
<i>19</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

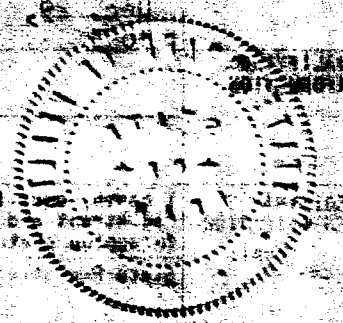
| | | | | | |
|-------------------------|--|--|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
<i>Church Record</i> | | By whom issued and signed
<i>Ray S. Baker, Teton Ward
Clerk, LDS Church</i> | Date issued
<i>10-25-57</i> | Date Orig. Entry
<i>June 2, 1900</i> |
| | Date of Birth
<i>Dec. 29,
1891</i> | Birth Place
<i>Fremont Co.
Teton, Idaho</i> | Full Name of Mother
<i>Annie C. Anderson</i> | Name of Father
<i>Hyrum C. Hansen</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Insurance Policy</i> | | By whom issued and signed
<i>Gem State Mutual Life Assoc.</i> | Date issued
<i>6-12-39</i> | Date Orig. Entry
<i>June 6, 1939</i> |
| | Date of Birth
<i>Dec. 29,
1891</i> | Birth Place
<i>Teton, Idaho</i> | Full Name of Mother
<i>—</i> | Name of Father
<i>—</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>Affidavit by mother</i> | | By whom issued and signed
<i>Annie C. Anderson Hansen</i> | Date issued
<i>8-29-57</i> | Date Orig. Entry
<i>—</i> |
| | Date of Birth
<i>Dec. 29,
1891</i> | Birth Place
<i>Teton, Idaho</i> | Full Name of Mother
<i>Annie C. Anderson Hansen</i> | Name of Father
<i>Hyrum C. Hansen</i> | |

| | | | |
|--|--|---|-----------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. B. [Signature]</i> | Evidence reviewed by
<i>Nancy Richards</i> | Date Filed
<i>Nov. 6, 1957</i> |

OFFICE OF THE STATE OF TEXAS BIRTH CERTIFICATE

NOV 6 1951

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|--|---------------------|--|---------------------|--|--------------------|--|----------------------|--|------------------------|--|-----------------------|--|--------------------|--|--------------------|--|----------------------|--|-----------------------|--|---------------------|--|-----------------------|--|
| Name of Child | | Sex | | Date of Birth | | Place of Birth | | Time of Birth | | Weight | | Length | | Head Circumference | | Temperature | | Pulse | | Respiration | | Color | | Remarks | |
| Johnnie Lee | | Male | | 11-25-51 | | Dallas, Texas | | 10:30 AM | | 7.5 lbs | | 20 in | | 13.5 in | | 98.6 F | | 120 | | 24 | | Pink | | Normal | |
| Name of Mother | | Name of Father | | Date of Marriage | | Place of Marriage | | Name of Doctor | | Name of Nurse | | Name of Midwife | | Name of Registrar | | Name of Hospital | | Name of City | | Name of State | | Name of Country | | Name of District | |
| Mrs. J. Lee | | Mr. J. Lee | | 10-15-50 | | Dallas, Texas | | Dr. J. Lee | | Mrs. J. Lee | | None | | None | | None | | Dallas | | Texas | | United States | | Dallas | |
| Signature of Mother | | Signature of Father | | Signature of Doctor | | Signature of Nurse | | Signature of Midwife | | Signature of Registrar | | Signature of Hospital | | Signature of City | | Signature of State | | Signature of Country | | Signature of District | | Signature of County | | Signature of Township | |
| [Signature] | | [Signature] | | [Signature] | | [Signature] | | [Signature] | | [Signature] | | [Signature] | | [Signature] | | [Signature] | | [Signature] | | [Signature] | | [Signature] | | [Signature] | |



Date Filed
Nov 6 1951

Name of Registrar
Johnnie Lee

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1192
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|---|---|-----------------------|-----------------------------------|---------------------------|---|---|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Russell George Yearian</u> | | | | | 2. Date Of Birth
Sept 19 1891
(month) (day) (year) | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Male</u> | 5. Place of Birth
<u>Idaho</u> | a. County
<u>Lemhi</u> | b. City or Town of Birth
<u>30 miles from Salmon</u> | | | |
| FATHER | 6. Full Name of Father
<u>Thomas H. Yearian</u> | | | | | 7. State or Country of Father's Birth
<u>Du Quoin, Illinois</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Emma Russell</u> | | | | | 9. State or Country of Mother's Birth
<u>Leavenworth, Kansas</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<i>Russell George Yearian</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>December 2</u> 19 <u>57</u> | | | | | 11. Present Address of Registrant
<u>Lemhi, Idaho</u> | | |
| | 12. Signature of Notary
<i>Thomas H. Yearian</i> | | | | | 13. Notary Commission expires
<u>March 22</u> 19 <u>61</u> | | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|--|---|---|--|---|
| SUPPORTING RECORD 1.

Class <u>B</u> | Type of Document
<u>Affidavit by father</u> | | By whom issued and signed
<u>Thomas H. Yearian</u> | Date issued
<u>11-4-57</u> | Date Orig. Entry
<u>11-4-57</u> |
| | Date of Birth
<u>Sept. 19, 1891</u> | Birth Place
<u>30 miles from Salmon, Idaho, Lemhi County</u> | Full Name of Mother
<u>Emma A. Russell</u> | Name of Father
<u>Thomas H. Yearian</u> | |
| SUPPORTING RECORD 2.

Class <u>B</u> | Type of Document
<u>Church Record--Baptism</u> | | By whom issued and signed
<u>Church of the Redeemer, Salmon, Idaho</u> | Date issued
<u>5-4-55</u> | Date Orig. Entry
<u>May 16, 1906</u> |
| | Date of Birth
<u>Sept. 19, 1891</u> | Birth Place
<u>Lemhi Co., Idaho</u> | Full Name of Mother
<u>Emma R. Yearian</u> | Name of Father
<u>Thomas H. Yearian</u> | |
| SUPPORTING RECORD 3.

Class <u>B</u> | Type of Document
<u>own child's birth certificate</u> | | By whom issued and signed
<u>Idaho #181420</u> | Date issued | Date Orig. Entry
<u>child born Oct. 30, 1929</u> |
| | Date of Birth
<u>age 38</u> | Birth Place
<u>Lemhi, Idaho</u> | Full Name of Mother
<u>---</u> | Name of Father
<u>---</u> | |
| QUALIFYING INFORMATION
<u>Voting Registration, Lemhi Co., Idaho, 11-4-57: registered May 22, 1926 -- age 34;</u>
<u>born in Idaho.</u> | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
<i>7/1/57 - ed</i> <u>Nancy Richards</u> | Date Filed
<u>Dec. 20, 1957</u> | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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344-212-014-218

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-012

| | | | | | | |
|--|--|--------------------------------------|---|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
GRACE EMILY LUDWIG | | | | 2. Date (month) (day) (year)
Of Birth January 12 1891 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Canyon | | b. City or Town of Birth
Payette Idaho | |
| FATHER | 6. Full Name of Father
Robert Charles Ludwig | | | | 7. State or Country of Father's Birth
Germany | |
| MOTHER | 8. Full Maiden Name of Mother
Georgina Sabina Say | | | | 9. State or Country of Mother's Birth
England | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Grace E. Ludwig</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
December 30 1957 | | | | 11. Present Address of Registrant
Indian Valley Idaho | |
| | 12. Signature of Notary
<i>all Swanson</i> | | | | 13. Notary Commission expires
April 7th 1960 | |
| APPLICANT DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1 | Type of Document
Own Child's Birth Certificate | | By whom issued and signed
on file-Vital Statistics Idaho #388694 | | Date issued | Date Orig. Entry
child born
Sept 19, 1927 |
| | Date of Birth
Age 36 | Birth Place
Payette, Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 2 | Type of Document
Affidavit by Mother | | By whom issued and signed
Georgina Ludwig Bivens | | Date issued
Dec 17, 1957 | Date Orig. Entry |
| | Date of Birth
Jan 12, 1891 | Birth Place
Payette, Idaho | Full Name of Mother
Georgina Sabina Say | | Name of Father
Robert Charles Ludwig | |
| SUPPORTING
RECORD 3 | Type of Document
School Record of Age | | By whom issued and signed
County Supt. of Schools Dist. No 6, Caldwell, Idaho | | Date issued
June 13, 1956 | Date Orig. Entry
Sept 1, 1905 |
| | Date of Birth
Age 14 | Birth Place | Full Name of Mother | | Name of Father
Robert Ludwig | |
| QUALIFYING
INFORMATION | U. S. Census Record taken as of Jan 1, 1920- Age 28, Birthplace, Idaho | | | | | |
| | issued Nov 12, 1957 | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Joyce B. Foltz | | Date Filed
January 6, 1958 | |

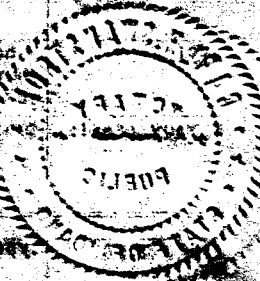
NOV 2 1937

NOV 2 1937

State of Idaho, County of Blaine, ss. I, Clerk of said County, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of said County.

Witness my hand and the seal of said County at Pocatello, Idaho, this 1st day of November, 1937.

Attest:
Clerk of said County



State of Idaho, County of Blaine, ss. I, Clerk of said County, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of said County.

Witness my hand and the seal of said County at Pocatello, Idaho, this 1st day of November, 1937.

Attest:
Clerk of said County

State of Idaho, County of Blaine, ss. I, Clerk of said County, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of said County.

Witness my hand and the seal of said County at Pocatello, Idaho, this 1st day of November, 1937.

Attest:
Clerk of said County

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-60
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | |
|--|---|-------------------------|--------------------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Laura Francis Conklin | | | 2. Date (month) (day) (year)
March 10 1891 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
Shoshone | a. County
Mullan | |
| FATHER | 6. Full Name of Father
James H Conklin | | | 7. State or Country of Father's Birth
New York | |
| MOTHER | 8. Full Maiden Name of Mother
Kitty Hartwell | | | 9. State or Country of Mother's Birth
New Jersey | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Laura F. Conklin</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 18 1957</i> | | | 11. Present Address of Registrant
585 Rosacrans, St
San Diego, Cal. | |
| | | | | 12. Signature of Notary
<i>Charles W. Curtis</i> | |
| | | | | 13. Notary Commission expires
<i>March 5, 1961</i> | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|---|-------------------------------------|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by neighbor at
time of birth, age 96 | | By whom issued and signed
Frank J. Edwards | | Date issued
12-12-57 |
| | Date of Birth
March 10,
1891 | Birth Place
Mullan, Idaho | Full Name of Mother
Kitty H. Conklin | | Name of Father
Jas. H. Conklin |
| Class* <u>B</u> | | | | | |
| SUPPORTING
RECORD 2. | Type of Document
Federal Census Record | | By whom issued and signed
U. S. Bureau of the Census | | Date issued
12-3-57 |
| | Date of Birth
age 19 | Birth Place
Idaho | Full Name of Mother
---- | | Name of Father
---- |
| Class <u>B</u> | | | | | |
| SUPPORTING
RECORD 3. | Type of Document
Church Membership Record | | By whom issued and signed
Parish of St. Paul
San Diego, California | | Date issued
1-7-58 |
| | Date of Birth
March 10,
1891 | Birth Place
Mullan, Idaho | Full Name of Mother
Kitty H. Conklin | | Name of Father
James H. Conklin |
| Class <u>B</u> | | | | | |

| | | | |
|--|--|--|------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
nr Nancy Richards | Date Filed
Jan. 30, 1958 |

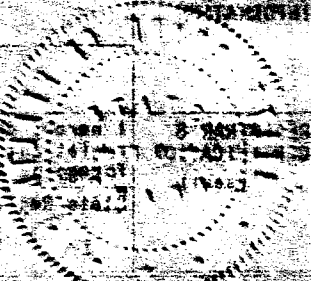
*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

2 copies paid

CERTIFICATE OF BIRTH

STATE OF ILLINOIS

| | | | | | | | | | | | |
|-----------------------------------|--|-----------------------------------|--|---------------------------------|--|--|--|--|--|--|--|
| Date of Birth
1931 | | Month of Birth
10 | | Day of Birth
10 | | Place of Birth
Chicago | | Name of Child
James Francis Corbin | | Name of Mother
James H. Corbin | |
| State of Birth
Illinois | | County of Birth
Chicago | | City of Birth
Chicago | | Name of Father
James H. Corbin | | Name of Mother
James H. Corbin | | Name of Child
James Francis Corbin | |
| Date of Birth
1931 | | Month of Birth
10 | | Day of Birth
10 | | Place of Birth
Chicago | | Name of Child
James Francis Corbin | | Name of Mother
James H. Corbin | |
| State of Birth
Illinois | | County of Birth
Chicago | | City of Birth
Chicago | | Name of Father
James H. Corbin | | Name of Mother
James H. Corbin | | Name of Child
James Francis Corbin | |
| Date of Birth
1931 | | Month of Birth
10 | | Day of Birth
10 | | Place of Birth
Chicago | | Name of Child
James Francis Corbin | | Name of Mother
James H. Corbin | |
| State of Birth
Illinois | | County of Birth
Chicago | | City of Birth
Chicago | | Name of Father
James H. Corbin | | Name of Mother
James H. Corbin | | Name of Child
James Francis Corbin | |



296-224-022-339

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-289

| | | | | | | | | |
|--|---|-------------------------|-------------------------------------|-----------------------------|--|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Margaretta E. Brown | | | | 2. Date (month) (day) (year)
12 24 1891 | | | |
| | 3. Color of Race
white | 4. Sex
Female | 5. Place of Birth
Chester | a. County
Fremont | b. City or Town of Birth
Chester Idaho | | | |
| FATHER | 6. Full Name of Father
Thomas J. Brown | | | | 7. State or Country of Father's Birth
Utah | | | |
| MOTHER | 8. Full Maiden Name of Mother
Lavina Henrietta Clifford | | | | 9. State or Country of Mother's Birth
Utah | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Margaretta E. McMillin</i> | | 11. Present Address of Registrant
<i>3714 N. Foster Baldwin Park Cal.</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
December 27 1957 | | | | 12. Signature of Notary
<i>Betty J. Phoebe</i> | | 13. Notary Commission expires
My Commission Expires April 4, 1961 | |

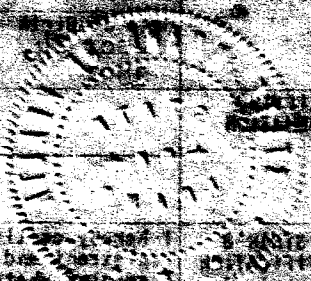
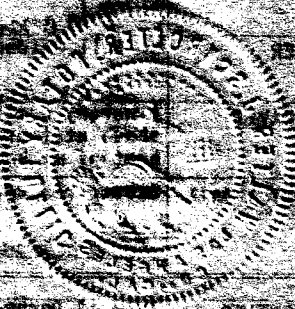
| | | | | | | |
|----------------------------------|--|---|--|--|-----------------------------------|--|
| SUPPORTING RECORD 1. | APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | Date Issued | Date Orig. Entry |
| | Type of Document (more than 10 yrs. older)
Affidavit by cousin & neighbor at time of birth
Ezra W. Cur | | | | 12-21-57 | |
| SUPPORTING RECORD 2. | Date of Birth
Dec. 24, 1891 | Birth Place
Fremont Co. Chester, Idaho | Full Name of Mother
Lavina Henrietta Clifford Brown | | Name of Father
Thomas J. Brown | |
| | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #93047 | | Date Issued | Date Orig. Entry
child born July 23, 1921 |
| SUPPORTING RECORD 3. | Date of Birth
Dec. 24, 1891 | Birth Place
Chester, Idaho | Full Name of Mother
Henretta LaVina Clifford | | Name of Father
Thomas J. Brown | |
| | Type of Document
Church Record | | By whom issued and signed
Baldwin Park Ward, Covina Stake, LDS Church | | Date Issued
10-10-57 | Date Orig. Entry
July 1, 1901 |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. B. Brown</i> | | Evidence reviewed by
nr Nancy Richards | | Date Filed
April 2, 1958 | |

STATE OF IOWA DELAYED CERTIFICATE OF BIRTH

APR 3 1954

STATE BOARD OF HEALTH
 Division of Vital Statistics
 Des Moines, Iowa

| | | | |
|--|--|--|--|
| I hereby certify that the child named above was born to the parents named above at the place and date stated above, and that the child was born alive, and that the child was born of a lawful marriage. | | I hereby certify that the child named above was born to the parents named above at the place and date stated above, and that the child was born alive, and that the child was born of a lawful marriage. | |
| Name of child: <u>Harriet Brown</u>
Date of birth: <u>April 3, 1954</u>
Place of birth: <u>Des Moines, Iowa</u> | | Name of child: <u>Harriet Brown</u>
Date of birth: <u>April 3, 1954</u>
Place of birth: <u>Des Moines, Iowa</u> | |
| Name of father: <u>Harriet Brown</u>
Name of mother: <u>Harriet Brown</u> | | Name of father: <u>Harriet Brown</u>
Name of mother: <u>Harriet Brown</u> | |
| Date of issue: <u>April 3, 1954</u>
Name of registrar: <u>Harriet Brown</u> | | Date of issue: <u>April 3, 1954</u>
Name of registrar: <u>Harriet Brown</u> | |



843-230 016-336

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

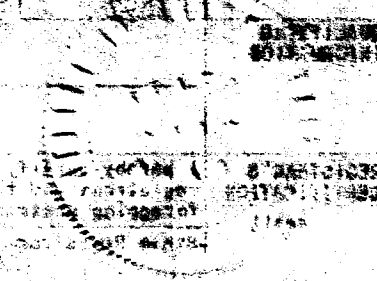
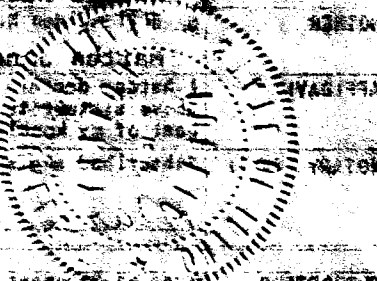
State File No. De58-326

| | | | | | |
|---|--|--|---|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Martha Jane Hutchison | | | 2. Date (month) (day) (year)
Of Birth September 30, 1891 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Cassia | a. County
Sublette | |
| FATHER | 6. Full Name of Father
Robert Nish Hutchison | | | 7. State or Country of Father's Birth
Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Martha Jane Lloyd | | | 9. State or Country of Mother's Birth
Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Martha Jane Hutchison</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 31, 1958</i> | | | 11. Present Address of Registrant
<i>Malta, Idaho</i> | |
| | 12. Signature of Notary
<i>Hazel L. Hulbert</i> | | | 13. Notary Commission expires
<i>Sept. 28, 1960</i> | |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING RECORD 1- | Type of Document
Affidavit by person present at time this birth | | By whom issued and signed
Isabell Galliher (age 81) | | Date issued
11-13-57 |
| | Date of Birth
Sept. 30, 1891 | Birth Place
Sublett, Idaho | Full Name of Mother
Martha Jane Lloyd | | Name of Father
Robert Nish Hutchison |
| SUPPORTING RECORD 2- | Type of Document
Own Child's Birth Certificate | | By whom issued and signed
State of Idaho, #143155 | | Date issued
Child's birthdate July 4, 1926 |
| | Date of Birth
Age 34 | Birth Place
Sublett, Idaho | Full Name of Mother
---- | | Name of Father
----- |
| SUPPORTING RECORD 3- | Type of Document
Church Record | | By whom issued and signed
Malta Ward, Raft River Stake LDS Church, Malta, Idaho | | Date issued
4-3-58 |
| | Date of Birth
Sept. 30, 1891 | Birth Place
Cassia Co. Sublette, Idaho | Full Name of Mother
Martha Jane Lloyd | | Date Orig. Entry
June 27, 1903 |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
<i>SC Nancy Richards</i> | | Date Filed
April 22, 1958 |

DELAID CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | | | |
|--|--|---|--|---|--|
| 1. Name of child
Robert Earl Hutchinson | | 2. Sex
Male | | 3. Date of birth
September 30, 1901 | |
| 4. Name of father
Robert Earl Hutchinson | | 5. Name of mother
Martha Jane Lloyd | | 6. Place of birth
Idaho | |
| 7. Name of father
Robert Earl Hutchinson | | 8. Name of mother
Martha Jane Lloyd | | 9. Place of birth
Idaho | |
| 10. Name of father
Robert Earl Hutchinson | | 11. Name of mother
Martha Jane Lloyd | | 12. Place of birth
Idaho | |
| 13. Name of father
Robert Earl Hutchinson | | 14. Name of mother
Martha Jane Lloyd | | 15. Place of birth
Idaho | |
| 16. Name of father
Robert Earl Hutchinson | | 17. Name of mother
Martha Jane Lloyd | | 18. Place of birth
Idaho | |
| 19. Name of father
Robert Earl Hutchinson | | 20. Name of mother
Martha Jane Lloyd | | 21. Place of birth
Idaho | |
| 22. Name of father
Robert Earl Hutchinson | | 23. Name of mother
Martha Jane Lloyd | | 24. Place of birth
Idaho | |
| 25. Name of father
Robert Earl Hutchinson | | 26. Name of mother
Martha Jane Lloyd | | 27. Place of birth
Idaho | |
| 28. Name of father
Robert Earl Hutchinson | | 29. Name of mother
Martha Jane Lloyd | | 30. Place of birth
Idaho | |
| 31. Name of father
Robert Earl Hutchinson | | 32. Name of mother
Martha Jane Lloyd | | 33. Place of birth
Idaho | |
| 34. Name of father
Robert Earl Hutchinson | | 35. Name of mother
Martha Jane Lloyd | | 36. Place of birth
Idaho | |
| 37. Name of father
Robert Earl Hutchinson | | 38. Name of mother
Martha Jane Lloyd | | 39. Place of birth
Idaho | |
| 40. Name of father
Robert Earl Hutchinson | | 41. Name of mother
Martha Jane Lloyd | | 42. Place of birth
Idaho | |
| 43. Name of father
Robert Earl Hutchinson | | 44. Name of mother
Martha Jane Lloyd | | 45. Place of birth
Idaho | |
| 46. Name of father
Robert Earl Hutchinson | | 47. Name of mother
Martha Jane Lloyd | | 48. Place of birth
Idaho | |
| 49. Name of father
Robert Earl Hutchinson | | 50. Name of mother
Martha Jane Lloyd | | 51. Place of birth
Idaho | |
| 52. Name of father
Robert Earl Hutchinson | | 53. Name of mother
Martha Jane Lloyd | | 54. Place of birth
Idaho | |
| 55. Name of father
Robert Earl Hutchinson | | 56. Name of mother
Martha Jane Lloyd | | 57. Place of birth
Idaho | |
| 58. Name of father
Robert Earl Hutchinson | | 59. Name of mother
Martha Jane Lloyd | | 60. Place of birth
Idaho | |
| 61. Name of father
Robert Earl Hutchinson | | 62. Name of mother
Martha Jane Lloyd | | 63. Place of birth
Idaho | |
| 64. Name of father
Robert Earl Hutchinson | | 65. Name of mother
Martha Jane Lloyd | | 66. Place of birth
Idaho | |
| 67. Name of father
Robert Earl Hutchinson | | 68. Name of mother
Martha Jane Lloyd | | 69. Place of birth
Idaho | |
| 70. Name of father
Robert Earl Hutchinson | | 71. Name of mother
Martha Jane Lloyd | | 72. Place of birth
Idaho | |
| 73. Name of father
Robert Earl Hutchinson | | 74. Name of mother
Martha Jane Lloyd | | 75. Place of birth
Idaho | |
| 76. Name of father
Robert Earl Hutchinson | | 77. Name of mother
Martha Jane Lloyd | | 78. Place of birth
Idaho | |
| 79. Name of father
Robert Earl Hutchinson | | 80. Name of mother
Martha Jane Lloyd | | 81. Place of birth
Idaho | |
| 82. Name of father
Robert Earl Hutchinson | | 83. Name of mother
Martha Jane Lloyd | | 84. Place of birth
Idaho | |
| 85. Name of father
Robert Earl Hutchinson | | 86. Name of mother
Martha Jane Lloyd | | 87. Place of birth
Idaho | |
| 88. Name of father
Robert Earl Hutchinson | | 89. Name of mother
Martha Jane Lloyd | | 90. Place of birth
Idaho | |
| 91. Name of father
Robert Earl Hutchinson | | 92. Name of mother
Martha Jane Lloyd | | 93. Place of birth
Idaho | |
| 94. Name of father
Robert Earl Hutchinson | | 95. Name of mother
Martha Jane Lloyd | | 96. Place of birth
Idaho | |
| 97. Name of father
Robert Earl Hutchinson | | 98. Name of mother
Martha Jane Lloyd | | 99. Place of birth
Idaho | |
| 100. Name of father
Robert Earl Hutchinson | | 101. Name of mother
Martha Jane Lloyd | | 102. Place of birth
Idaho | |



386-10-036-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-498

| | | | | | | |
|---|--|--|--|---|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Thomas Stephens Thomas, Jr. | | | 2. Date (month) (day) (year)
Of Birth July 10 1891 | | |
| | 3. Color or Race
W White | 4. Sex
Male | 5. Place of Birth a. County
Oneida Co. | | b. City or Town of Birth
St. John, Idaho | |
| FATHER | 6. Full Name of Father
Thomas Stephens Thomas | | | 7. State or Country of Father's Birth
Wales | | |
| MOTHER | 8. Full Maiden Name of Mother
Emma Matilda Peterson | | | 9. State or Country of Mother's Birth
Bear Lake County, Idaho | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Thomas S. Thomas, Jr.</i> | | 11. Present Address of Registrant
7 Alvord Road
Morristown, New Jersey. |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 19 1958</i> | | | 12. Signature of Notary
<i>Nancy Richards</i> | | 13. Notary Commission expires
NOTARY PUBLIC OF NEW JERSEY
BY COMMISSION EXPIRES MAY 12, 1960 |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1. | Type of Document
Church Record | | By whom issued and signed
LDS Church
Malad Stake, St. John Ward | | Date issued
3-12-58 | Date Orig. Entry
Aug. 4, 1901 |
| | Date of Birth
July 10, 1891 | Birth Place
Oneida Co.
St. John, Idaho | Full Name of Mother
Emma Peterson | | Name of Father
Thomas S. Thomas | |
| SUPPORTING RECORD 2. | Type of Document Affidavit by neighbor at time of birth, age 78, | | By whom issued and signed
W. S. Pierce | | Date issued
4-10-58 | Date Orig. Entry |
| | Date of Birth
July 10, 1891 | Birth Place
Oneida Co.
St. John, Idaho | Full Name of Mother
Emma Matilda Peterson | | Name of Father
Thomas Stephens Thomas | |
| SUPPORTING RECORD 3. | Type of Document
Family Record | | By whom issued and signed
Original viewed by Notary Public
E. L. Scott; Malad, Idaho | | Date issued
5-20-58 | Date Orig. Entry
obviously old |
| | Date of Birth
July 10, 1891 | Birth Place
--- | Full Name of Mother
Emma M. Thomas | | Name of Father
Thomas S. Thomas | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
nr Nancy Richards | | Date Filed
June 11, 1958 | |

Journal of Management Studies, 19(6), 701-718.

1. Name of country or territory in which the
2. Name of the person or persons who
3. Date of birth of the person or persons
4. Date of death of the person or persons
5. Date of birth of the person or persons
6. Date of death of the person or persons
7. Date of birth of the person or persons
8. Date of death of the person or persons
9. Date of birth of the person or persons
10. Date of death of the person or persons

SEP 5 1963

RECEIVED
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

TO : DIRECTOR, FBI
FROM : SAC, NEW YORK (100-108741)
SUBJECT: [Illegible]

[Illegible body text]

Very truly yours,
[Signature]

Special Agent in Charge

cc - New York Office File

100-108741

[The following section contains extremely faint, mostly illegible markings and stamps, possibly from another document or bleed-through.]

[illegible]

| | | | |
|--|--|---|--|
| 1. Name of the person or organization to whom the document is being sent | | 2. Address of the person or organization to whom the document is being sent | |
| 3. Name of the person or organization from whom the document is being sent | | 4. Address of the person or organization from whom the document is being sent | |
| 5. Date of the document | | 6. Signature of the person or organization from whom the document is being sent | |
| 7. Name of the person or organization to whom the document is being sent | | 8. Address of the person or organization to whom the document is being sent | |

766-108-002-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-675

| | | | | | | |
|--|---|-----------------------|--|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Joe J. Powell | | | 2. Date (month) (day) (year)
Of Birth December 8 1891 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Meadows, Idaho | b. City or Town of Birth
Meadows, Idaho | | |
| FATHER | 6. Full Name of Father
Thomas Powell | | | 7. State or Country of Father's Birth
Nebraska | | |
| MOTHER | 8. Full Maiden Name of Mother
Ida Mc Cumpsey | | | 9. State or Country of Mother's Birth
Oregon | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Joe J. Powell</i> | | 11. Present Address of Registrant
Yellow Pine, Idaho
P. O. Box 34 |
| NOTARY (Seal) | Subscribed and sworn to before me on
June 21, 1958 19 | | | 12. Signature of Notary
<i>Forrest T. ...</i> | | 13. Notary Commission Expires
Recorder, Valley County
19 Idaho |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|--------------------------------------|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document Affidavit by neighbor at time of birth, age 84, Mrs. Annie Kraigbaum | | By whom issued and signed
7-5-58 | Date issued
7-5-58 | Date Orig. Entry |
| | Date of Birth
Dec. 8, 1891 | Birth Place
Meadows, Idaho | Full Name of Mother
Ida Powell | Name of Father
Thomas Powell | |
| SUPPORTING
RECORD 2. | Type of Document Family Record | | By whom issued and signed
original viewed by W. W. Benson, State Registrar of Vital Statistics | Date issued
7-1-58 | Date Orig. Entry
old record |
| | Date of Birth
Dec. 8, 1891 | Birth Place
--- | Full Name of Mother
Ida C. Powell | Name of Father
--- | |
| SUPPORTING
RECORD 3. | Type of Document Federal Census Record | | By whom issued and signed
U. S. Bureau of the Census | Date issued
7-28-58 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Dec. 1891 (age 8) | Birth Place
Idaho | Full Name of Mother
Ida C. Powell | Name of Father
--- | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
nr Nancy Richards | Date Filed
Aug. 13, 1958 |

DEPT. OF HEALTH STATE OF IOWA

AUG 14 1938

| | | | |
|---|--|---|--|
| I hereby certify that the above named child was born to the parents named herein on the date and at the place stated above. | | I hereby certify that the above named child was born to the parents named herein on the date and at the place stated above. | |
| Name of child
Date of birth
Place of birth | | Name of child
Date of birth
Place of birth | |
| Name of father
Name of mother | | Name of father
Name of mother | |
| Signature of Registrar
Date | | Signature of Registrar
Date | |

418414-016-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-692

| | | | | | | |
|---|---|-----------------------|--|---|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Vern T. Dayley | | | 2. Date (month) (day) (year)
Of Birth February 14, 1891 | | |
| | 3. Color of Race
White | 4. Sex
Male | 5. Place of Birth a. County
Cassia | | b. City or Town of Birth
Albion | |
| FATHER | 6. Full Name of Father
Heber Chase Dayley | | | 7. State or Country of Father's Birth
Ohio | | |
| MOTHER | 8. Full Maiden Name of Mother
Adriann McBride | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Vern T. Dayley</i> | | 11. Present Address of Registrant
528 College St.
Healdsburg, California |
| NOTARY (Seal) | Subscribed and sworn to before me on
June 20 1957 | | | 12. Signature of Notary
<i>C. Ernestine Idolat</i> | | 13. Notary Commission expires
Sept. 21 1957 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|--|---|--|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
Insurance Record | | By whom issued and signed
United Insurance Co. | | Date issued | Date Orig. Entry
5-22-1951 |
| | Date of Birth
Feb. 14, 1891 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 2. | Type of Document
Church Record | | By whom issued and signed
Healdsburg Branch, Santa Rosa
Stake, California | | Date issued
8-6-58 | Date Orig. Entry
1900 |
| | Date of Birth
Feb. 14, 1891 | Birth Place
Cassia Co.
Albion, Idaho | Full Name of Mother
Adrain McBride | | Name of Father
Heber C. Dayley | |
| SUPPORTING RECORD 3. | Type of Document
own child's birth certificate | | By whom issued and signed
California Dist. #3701
#1343 | | Date issued
8-7-57 | Date Orig. Entry
child born
July 24, 1926 |
| | Date of Birth
age 35 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
nr Nancy Richards | Date Filed
Aug. 21, 1958 |

318-19-036-459 DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-836

| | | | | | | |
|--|---|-----------------------|--------------------------------------|----------------------------|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Vaughn Franklin Taylor | | | | 2. Date (month) (day) (year)
Of Birth October I9 I89I | |
| | 3. Color or Race
white | 4. Sex
Male | 5. Place of Birth
Mapleton | a. County
Oneida | b. City or Town of Birth
Mapleton, Idaho | |
| FATHER | 6. Full Name of Father
Richards Franklin D. Richards Taylor | | | | 7. State or Country of Father's Birth
Harrisville, Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Priscilla Merrill | | | | 9. State or Country of Mother's Birth
Smithfield Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Vaughn Franklin Taylor</i> | 11. Present Address of Registrant
<i>Dutton Montana</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Sept 19 - 1958</i> | | | | 12. Signature of Notary
<i>[Signature]</i> | 13. Notary Commission expires
<i>Aug 1 - 1961</i> |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|---------------------------------------|---|--|--|
| SUPPORTING RECORD 1. | Type of Document
Family Record | | By whom issued and signed
original viewed by Bureau of Vital Statistics | | Date issued
8-21-58 |
| | Date of Birth
Oct. 19, 1891 | Birth Place
Mapleton, Idaho | Full Name of Mother
----- | | Date Orig. Entry
old record |
| SUPPORTING RECORD 2. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #145124 | | Date issued
----- |
| | Date of Birth
age 34 | Birth Place
Mapleton, Idaho | Full Name of Mother
----- | | Date Orig. Entry
child born Sept. 11, 1926 |
| SUPPORTING RECORD 3. | Type of Document
Affidavit by neighbor at time of birth, age 82 | | By whom issued and signed
Annie N. Merrill | | Date issued
18-8-58 |
| | Date of Birth
Oct. 19, 1891 | Birth Place
Mapleton, Idaho | Full Name of Mother
Priscilla Merrill | | Date Orig. Entry
Franklin D. Richards Taylor |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
nr Nancy Richards | | Date Filed
Oct. 20, 1958 |

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100-443887-1000

[illegible]

10-1-1964

TO: SAC, NEW YORK (100-371541) FROM: SAC, NEW YORK (100-371541) (P)

1. The first part of the document is a list of names and titles, including "The Hon. Mr. Justice" and "The Hon. Mr. Justice".

[illegible]

TO: [REDACTED] FROM: [REDACTED] DATE: [REDACTED]

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SECRET

11-11-11

10-10-1950

10-10-68

1957-1958

[illegible]

344-128-035-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-974

| | | | | | | |
|--|---|--------------------|---|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
COY ARNOLD CUDDY | | | | 2. Date (month) (day) (year)
Of Birth MAY 28 1891 | |
| | 3. Color or Race
WHITE | 4. Sex
M | 5. Place of Birth a. County
NEZ PERCE | | b. City or Town of Birth
SOUTHWICK | |
| FATHER | 6. Full Name of Father
HIRAM CUDDY | | | | 7. State or Country of Father's Birth
VIRGINIA | |
| MOTHER | 8. Full Maiden Name of Mother
BELL J. MORRISON | | | | 9. State or Country of Mother's Birth
CALIFORNIA | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>C. A. Cuddy</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
Dec 1 1958 | | | | 11. Present Address of Registrant
Southwick, Ida | |
| | 12. Signature of Notary
<i>Samuel J. Swain</i> | | | | 13. Notary Commission expires
Nov 17 1962 | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|--|---|--------------------------------------|---|
| SUPPORTING
RECORD 1. | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | Date issued | Date Orig. Entry
Nov. 4, 1939 |
| | Date of Birth
May 28, 1891 | Birth Place
Southwick, Idaho | Full Name of Mother
Belle Morrison | Name of Father
Hiram Cuddy | |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by person present at birth, age | | By whom issued and signed
84, Jennie B. Brown | Date issued
10-17-58 | Date Orig. Entry |
| | Date of Birth
May 28, 1891 | Birth Place
----- | Full Name of Mother
Bell J. Morrison | Name of Father
Hiram Cuddy | |
| SUPPORTING
RECORD 3. | Type of Document
Insurance Policy | | By whom issued and signed
Idaho Mutual Benefit Assoc. | Date issued
11-24-36 | Date Orig. Entry
11-23-36 |
| | Date of Birth
May 28, 1891 | Birth Place
Southwick, Idaho | Full Name of Mother
----- | Name of Father
----- | |

| | | |
|---------------------------|---|--|
| QUALIFYING
INFORMATION | own child's birth certificate, Idaho #398293: child born June 24, 1924: age 33; | |
| | birthplace-Southwick, Idaho. | |

| | | | |
|--|--|---|-----------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
Dec. 9, 1958 |

DELAID CERTIFICATE OF BIRTH (FALL 1938)

DATE OF BIRTH: DEC 8 1938
PLACE OF BIRTH: SOUTH WYOMING

NAME: JAMES EARL RAY
SEX: MALE
DATE OF BIRTH: DEC 8 1938
PLACE OF BIRTH: SOUTH WYOMING
CITY OF BIRTH: CHEYENNE
COUNTY OF BIRTH: FORT LARAMIE
STATE OF BIRTH: WYOMING

NAME: JAMES EARL RAY
SEX: MALE
DATE OF BIRTH: DEC 8 1938
PLACE OF BIRTH: SOUTH WYOMING
CITY OF BIRTH: CHEYENNE
COUNTY OF BIRTH: FORT LARAMIE
STATE OF BIRTH: WYOMING



DATE OF BIRTH: DEC 8 1938
PLACE OF BIRTH: SOUTH WYOMING
CITY OF BIRTH: CHEYENNE
COUNTY OF BIRTH: FORT LARAMIE
STATE OF BIRTH: WYOMING

DATE OF BIRTH: DEC 8 1938
PLACE OF BIRTH: SOUTH WYOMING
CITY OF BIRTH: CHEYENNE
COUNTY OF BIRTH: FORT LARAMIE
STATE OF BIRTH: WYOMING

DATE OF BIRTH: DEC 8 1938
PLACE OF BIRTH: SOUTH WYOMING
CITY OF BIRTH: CHEYENNE
COUNTY OF BIRTH: FORT LARAMIE
STATE OF BIRTH: WYOMING

DATE OF BIRTH: DEC 8 1938
PLACE OF BIRTH: SOUTH WYOMING
CITY OF BIRTH: CHEYENNE
COUNTY OF BIRTH: FORT LARAMIE
STATE OF BIRTH: WYOMING

433-123-028-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-1001

| | | | | | |
|--|---|-----------------------|---|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
EARLE H. McClure | | | 2. Date (month) (day) (year)
Of Birth OCT. 23 1891 | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth a. County
Moscow Idaho, Latah Co. | | b. City or Town of Birth
Moscow, Latah Co. IDAHO |
| FATHER | 6. Full Name of Father
CHARLES EDWARD McClure | | | 7. State or Country of Father's Birth
American U.S.A | |
| MOTHER | 8. Full Maiden Name of Mother
MARIETTA RUSH | | | 9. State or Country of Mother's Birth
AMERICAN U.S.A. | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>E.H. McClure</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Dec 8 1958</u> | | | 11. Present Address of Registrant
Rt. 14, 932 Hill Ave
Glen Ellyn, Ill. | |
| | 12. Signature of Notary
<i>D. L. Knight</i> | | | 13. Notary Commission expires
<u>6-7 1960</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|--|---|--|---|--|
| SUPPORTING
RECORD 1. | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | Date Issued | Date Orig. Entry
Nov. 27, 1936 |
| | Date of Birth
Oct. 23, 1891 | Birth Place
Latah Co. Moscow, Idaho | Full Name of Mother
Marietta Rush | Name of Father
Charles Edward McClure | |
| SUPPORTING
RECORD 2. | Type of Document
Service Record | | By whom issued and signed
Bureau of Navigation U. S. Navy | Date Issued (statement)
1-11-33 | Date Orig. Entry
enlisted June 9, 1917 |
| | Date of Birth
Oct. 23, 1891 | Birth Place
Moscow, Idaho | Full Name of Mother
---- | Name of Father
---- | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by mother | | By whom issued and signed
Mrs. Marietta Rush McClure Smith | Date Issued
12-4-58 | Date Orig. Entry |
| | Date of Birth
Oct. 23, 1891 | Birth Place
Latah Co. Moscow, Idaho | Full Name of Mother
Marietta Rush | Name of Father
Charles Edward McClure | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
Nancy Richards | Date Filed
Dec. 22, 1958 | |

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10-10-1964

[Faint, illegible markings]

and the following information was obtained from the above mentioned sources:

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815-102-008-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-102

| | | | | | | |
|--|--|--|---|---|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Seymour Julius Hanson</i> | | | | 2. Date (month) (day) (year)
of Birth <i>Sept 2 1891</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>male</i> | 5. Place of Birth
<i>Home</i> | a. County
<i>Boise</i> | Mailing Address
<i>Porter</i> | City or Town of Birth
<i>Horse Shoe Bend, Idaho</i> |
| FATHER | 6. Full Name of Father
<i>Ole Hanson</i> | | | | 7. State or Country of Father's Birth
<i>Norway</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Olave Larsen</i> | | | | 9. State or Country of Mother's Birth
<i>Norway</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Seymour J. Hanson</i> | | 11. Present Address of Registrant
<i>Horse Shoe Bend, Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>January 30 1959</i> | | | 12. Signature of Notary
<i>Helen M. Smith</i> | | 13. Notary Commission expires
<i>August 10 1962</i> |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
Certified copy of Marriage Register | | By whom issued and signed
Vern Thomas, Ex-Officio Recorder for Ada County | | Date issued
January 26, 1959 | Date Orig. Entry
married April 16, 1918 |
| | Date of Birth
Age 26 | Birth Place
Horseshoe Bend, | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 2. | Type of Document
Insurance Policy | | By whom issued and signed
The Mutual Life Insurance Co. of New York | | Date issued | Date Orig. Entry
August 8, 1933 |
| | Date of Birth
September 2, 1891 | Birth Place
Horse Shoe Bend, Idaho | Full Name of Mother
---- | | Name of Father
---- | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by Cousin-Age 76 | | By whom issued and signed
Mathilda Peterson | | Date issued
February 4 1959 | Date Orig. Entry |
| | Date of Birth
September 2, 1891 | Birth Place
Porter Creek, Boise County, Ida. | Full Name of Mother
Olave Hanson | | Name of Father
Ole Hanson | |
| QUALIFYING
INFORMATION | Own child's birth certificate, On file Vital Statistics, Idaho #137499, gives

age as 34 and birthplace as Idaho. Child born on 12-19-1925 | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar

W.W. Benson | | Evidence reviewed by
ses Sharon E. Skaggs | | Date Filed
February 9, 1959 | |

FEB 9 1979

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THE UNIVERSITY OF CHICAGO

104-17-0000

2201.2 - 10/10/1971

10-10-1955

as 34 and distance as 1400. Gold bars as 13-12-1952

On the other hand, the fact that the child's birth certificate is dated 11/1/55, and the fact that the child was born in 1955, is a strong indication that the child is the biological child of the mother.

1981
Boise County, Idaho

004249 97817

RECEIVED 9/10

100-443881-101

01563

September 14, 1954

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YOU ARE INVITED

SECRET 10 1960 19101958

Director for Asia Country
Veri Thomas, ex-officio

THE UNIVERSITY OF CHICAGO

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These three have been

January 30, 1955

January 30, 1955

January 30, 1955

January 30, 1955

154-118-033-249

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho.

State File No. De59-202
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|--|---|-----------------------|--|--|--|--|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Oscar Eliason Anderson | | | | 2. Date (month) (day) (year)
June 18th 1891 | | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth a. County
Madison County | | b. City or Town of Birth
Independence (sch. district) | | | |
| FATHER | 6. Full Name of Father
Neil Hendrick Anderson | | | | 7. State or Country of Father's Birth
Orup, Sweden | | | |
| MOTHER | 8. Full Maiden Name of Mother
Emma Smith | | | | 9. State or Country of Mother's Birth
Spanish Fork, Utah | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Oscar Eliason Anderson</i> | | 11. Present Address of Registrant
Thornton, Idaho | |
| NOTARY (Seal) | Subscribed and sworn to before me on
February 28th 1959 | | | | 12. Signature of Notary
<i>William B. Kennedy</i> | | 13. Notary Commission expires
February 13 1962 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|--|---|--|---|---|
| SUPPORTING RECORD 1.

Class <u>B</u> | Type of Document
Family Record | | By whom issued and signed
original viewed by Bureau of Vital Statistics | | Date issued
3-5-59 | Date Orig. Entry
dated 12-17-1914 obviously old |
| | Date of Birth
June 18, 1891 | Birth Place
Independence, Idaho | Full Name of Mother
(born-Spanish Fork, Utah) Emma Smith | | Name of Father
(born-Orup, Sweden) Neil Hendrick Anderson | |
| SUPPORTING RECORD 2.

Class <u>B</u> | Type of Document
(born 3-20-1874) Affidavit by brother | | By whom issued and signed
Samuel Smith Anderson | | Date issued
2-28-59 | Date Orig. Entry |
| | Date of Birth
June 18, 1891 | Birth Place
Madison Co. (formerly Bingham Co.) Independence, Idaho | Full Name of Mother
Emma Smith Anderson | | Name of Father
Neil Hendrick Anderson | |
| SUPPORTING RECORD 3.

Class <u>B</u> | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #215679 | | Date issued | Date Orig. Entry
child born Aug. 30, 1933 |
| | Date of Birth
age 42 | Birth Place
Idaho | Full Name of Mother | | Name of Father | |

| | | | |
|-------------------------------------|--|---|------------------------------------|
| QUALIFYING INFORMATION | Selective Service Registration Certificate, Madison Co. Board #33, Rexburg, Idaho; | | |
| | April 27, 1942: born June 18, 1891. | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
March 5, 1959 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy pd.

MAR 5 1960

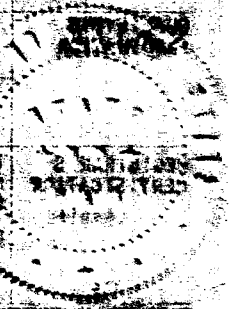


1. Name of child: [illegible]
2. Date of birth: [illegible]
3. Place of birth: [illegible]
4. Sex: [illegible]
5. Weight: [illegible]
6. Height: [illegible]
7. Color of hair: [illegible]
8. Color of eyes: [illegible]
9. Color of skin: [illegible]
10. Signature of mother: [illegible]
11. Signature of doctor: [illegible]
12. Date of registration: [illegible]

1. Name of child: [illegible]
2. Date of birth: [illegible]
3. Place of birth: [illegible]
4. Sex: [illegible]
5. Weight: [illegible]
6. Height: [illegible]
7. Color of hair: [illegible]
8. Color of eyes: [illegible]
9. Color of skin: [illegible]
10. Signature of mother: [illegible]
11. Signature of doctor: [illegible]
12. Date of registration: [illegible]

1. Name of child: [illegible]
2. Date of birth: [illegible]
3. Place of birth: [illegible]
4. Sex: [illegible]
5. Weight: [illegible]
6. Height: [illegible]
7. Color of hair: [illegible]
8. Color of eyes: [illegible]
9. Color of skin: [illegible]
10. Signature of mother: [illegible]
11. Signature of doctor: [illegible]
12. Date of registration: [illegible]

1. Name of child: [illegible]
2. Date of birth: [illegible]
3. Place of birth: [illegible]
4. Sex: [illegible]
5. Weight: [illegible]
6. Height: [illegible]
7. Color of hair: [illegible]
8. Color of eyes: [illegible]
9. Color of skin: [illegible]
10. Signature of mother: [illegible]
11. Signature of doctor: [illegible]
12. Date of registration: [illegible]



1. Name of child: [illegible]
2. Date of birth: [illegible]
3. Place of birth: [illegible]
4. Sex: [illegible]
5. Weight: [illegible]
6. Height: [illegible]
7. Color of hair: [illegible]
8. Color of eyes: [illegible]
9. Color of skin: [illegible]
10. Signature of mother: [illegible]
11. Signature of doctor: [illegible]
12. Date of registration: [illegible]

363-222-028-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De59-403**

| | | | | | | |
|---|---|-------------------------|--|---|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
BERTHA ETTA LOCKWOOD | | | 2. Date (month) (day) (year)
Of November 22 , 1891
Birth | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Kootenai | b. City or Town of Birth
Hayden Lake | | |
| FATHER | 6. Full Name of Father
LOUIS LOCKWOOD | | | 7. State or Country of Father's Birth
Missouri | | |
| MOTHER | 8. Full Maiden Name of Mother
JULIA ETTA MENDENHALL | | | 9. State or Country of Mother's Birth
Washington | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Bertha Etta Fox</i> | | 11. Present Address of Registrant
Wauconda, Washington |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 17, 19 59 | | | 12. Signature of Notary
<i>Fred Bloch</i> | | 13. Notary Commission expires
November 4, 19 61 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|--|--|--|--|---|--|
| SUPPORTING RECORD 1. | Type of Document
Affidavit by mother, age 84 | | By whom issued and signed
Julia Etta Lockwood | | Date issued
4-18-59 | Date Orig. Entry |
| | Date of Birth
Nov. 22, 1891 | Birth Place
Hayden Lake, Idaho | Full Name of Mother
Julia Etta Lockwood | | Name of Father
Louis Lockwood | |
| SUPPORTING RECORD 2. | Type of Document
Marriage Record | | By whom issued and signed
Spokane County, Spokane, Wash. | | Date issued
4-29-59 | Date Orig. Entry
June 9, 1912 |
| | Date of Birth
age 20 | Birth Place
Idaho | Full Name of Mother (born-Wash.)
--- Mendenhall | | Name of Father (born-Missouri)
Louis Lockwood | |
| SUPPORTING RECORD 3. | Type of Document
own child's birth certificate | | By whom issued and signed
Washington #269 | | Date issued
4-17-57 | Date Orig. Entry
child born Nov. 3, 1919 |
| | Date of Birth
age 27 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
--- | |

QUALIFYING INFORMATION**REGISTRAR'S CERTIFICATION**
(seal)

| | | |
|--|---|-----------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
May 12, 1959 |

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1949-1950

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107-11-02

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202-0742-21 202-0742-21

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10-10-68

Approved: _____
Date: _____

[illegible][illegible]

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[illegible]

2-11-1961

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[illegible]

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10-10-68

SECRET

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1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

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1964-1965

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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JAN 17 1968

CONFIDENTIAL

RECEIVED

100-443887-100

1. The first part of the document is a header section containing the following information:

- 1.1. The name of the organization: "The National Aeronautics and Space Administration"
- 1.2. The name of the project: "The Apollo Program"
- 1.3. The name of the mission: "The Apollo 11 Mission"
- 1.4. The name of the spacecraft: "The Apollo 11 Spacecraft"
- 1.5. The name of the crew: "The Apollo 11 Crew"
- 1.6. The name of the launch site: "The Kennedy Space Center"
- 1.7. The name of the launch date: "November 16, 1968"
- 1.8. The name of the launch time: "13:00:00 UTC"
- 1.9. The name of the launch vehicle: "The Saturn V Rocket"
- 1.10. The name of the launch pad: "The Launch Complex 39"
- 1.11. The name of the launch pad number: "The Launch Pad 39A"
- 1.12. The name of the launch pad location: "The Kennedy Space Center, Florida"
- 1.13. The name of the launch pad coordinates: "28° 45' N, 80° 40' W"
- 1.14. The name of the launch pad elevation: "100 feet"
- 1.15. The name of the launch pad area: "The Launch Pad Area"
- 1.16. The name of the launch pad perimeter: "The Launch Pad Perimeter"
- 1.17. The name of the launch pad fence: "The Launch Pad Fence"
- 1.18. The name of the launch pad gate: "The Launch Pad Gate"
- 1.19. The name of the launch pad entrance: "The Launch Pad Entrance"
- 1.20. The name of the launch pad exit: "The Launch Pad Exit"

2. The second part of the document is a table containing the following information:

| Item | Quantity | Unit |
|---|----------|------|
| 1. The first part of the document is a header section containing the following information: | 1.1 | 1.1 |
| 1.2 | 1.2 | 1.2 |
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3. The third part of the document is a table containing the following information:

| Item | Quantity | Unit |
|---|----------|------|
| 1. The first part of the document is a header section containing the following information: | 1.1 | 1.1 |
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4. The fourth part of the document is a table containing the following information:

| Item | Quantity | Unit |
|---|----------|------|
| 1. The first part of the document is a header section containing the following information: | 1.1 | 1.1 |
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5. The fifth part of the document is a table containing the following information:

| Item | Quantity | Unit |
|---|----------|------|
| 1. The first part of the document is a header section containing the following information: | 1.1 | 1.1 |
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6. The sixth part of the document is a table containing the following information:

| Item | Quantity | Unit |
|---|----------|------|
| 1. The first part of the document is a header section containing the following information: | 1.1 | 1.1 |
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7. The seventh part of the document is a table containing the following information:

| Item | Quantity | Unit |
|---|----------|------|
| 1. The first part of the document is a header section containing the following information: | 1.1 | 1.1 |
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| 1.7 | 1.7 | 1.7 |
| 1.8 | 1. | |

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11-10-50

11-11-68

1952-05-15

100-443887-100

795-223-038-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-744

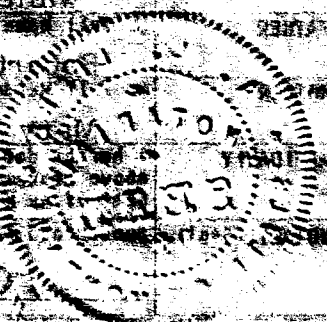
| | | | | | | | |
|--|---|------------------|------------------------------|----------------------|---|--|---|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
Edith Blanche Green | | | | 2. Date (month) (day) (year)
Of Birth April 23, 1891 | | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
Payette | a. County
Payette | | | |
| FATHER | 6. Full Name of Father
Robert Green | | | | 7. State or Country of Father's Birth
Scotland | | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Esther Harrison | | | | 9. State or Country of Mother's Birth
Iowa | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
Edith Blanche Green Brackett | | 11. Present Address of Registrant
Box 425 Plains, Montana |
| NOTARY (Seal) | Subscribed and sworn to before me on
May 15 - 1959 | | | | 12. Signature of Notary
[Signature] | | 13. Notary Commission expires
NOTARY PUBLIC for the State of Montana
Residing at Thompson Falls 19
My commission expires Dec. 26, 1959 |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|--|-------------------------------|---|--|---|--|-----------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Lodge Record | | By whom issued and signed
Ideal Chapter #40, Order of the
Eastern Star, Plains, Montana | | Date issued
4-11-59 | Date Orig. Entry
Dec. 20, 1950 | |
| | Date of Birth
April 23,
1891 | Birth Place
Payette, Idaho | Full Name of Mother
----- | | Name of Father
----- | | |
| SUPPORTING
RECORD 2. | Type of Document
own child's birth certificate | | By whom issued and signed
Montana #1029 | | Date issued
4-7-59 | Date Orig. Entry
child born
May 27, 1934 | |
| | Date of Birth
age 43 | Birth Place
Payette, Idaho | Full Name of Mother
----- | | Name of Father
----- | | |
| SUPPORTING
RECORD 3. | Type of Document
Federal Census Record | | By whom issued and signed
Bureau of the Census
Dept. of Commerce | | Date issued
7-31-59 | Date Orig. Entry
June 1, 1900 | |
| | Date of Birth
Apr. 1891
(age 9) | Birth Place
Idaho | Full Name of Mother
Mary Esther Green | | Name of Father
Robert Green | | |
| QUALIFYING
INFORMATION | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | Evidence reviewed by
mr Nancy Richards | | Date Filed
Sept. 8, 1959 |
| State Registrar
W. W. Benson | | | | | | | |

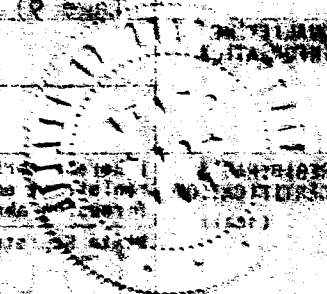
STATE OF MICHIGAN DELAYED CERTIFICATE OF BIRTH

SEP 8 1950

| | | | | | |
|--|--|----------------------------------|----------------------------------|--------------------------------|------------------------------|
| Date of Birth
April 22 1891 | Name of Child
Favette | Sex
Female | Race
White | Name of Father
Robert Green | Name of Mother
Mary Green |
| State or County of Father's Birth
Georgia | State or County of Mother's Birth
Georgia | City or Town of Birth
Favette | City or Town of Birth
Favette | Name of Father
Robert Green | Name of Mother
Mary Green |
| Signature of Registrar
[Signature] | Signature of Registrar
[Signature] | Date of Birth
April 22 1891 | Date of Birth
April 22 1891 | Name of Father
Robert Green | Name of Mother
Mary Green |



| | | | | | |
|-----------------------------|--------------------------------|------------------------------|--------------------------------|--------------------------|---------------|
| Date Issued
June 1, 1950 | Name of Father
Robert Green | Name of Mother
Mary Green | Date of Birth
April 22 1891 | Name of Child
Favette | Sex
Female |
| Date Issued
June 1, 1950 | Name of Father
Robert Green | Name of Mother
Mary Green | Date of Birth
April 22 1891 | Name of Child
Favette | Sex
Female |



| | | | | | |
|-----------------------------|--------------------------------|------------------------------|--------------------------------|--------------------------|---------------|
| Date Issued
June 1, 1950 | Name of Father
Robert Green | Name of Mother
Mary Green | Date of Birth
April 22 1891 | Name of Child
Favette | Sex
Female |
| Date Issued
June 1, 1950 | Name of Father
Robert Green | Name of Mother
Mary Green | Date of Birth
April 22 1891 | Name of Child
Favette | Sex
Female |

636-118-004-257

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-807

| | | | | | |
|---|--|---|--|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Charles William O'Connor | | | 2. Date (month) (day) (year)
Of Birth April 18 1891 | |
| | 3. Color or Race
W. | 4. Sex
M | 5. Place of Birth a. County
Bear Lake | | b. City or Town of Birth
Montpelier |
| FATHER | 6. Full Name of Father
John F. O'Connor | | | 7. State or Country of Father's Birth
New York | |
| MOTHER | 8. Full Maiden Name of Mother
Sarah Begley | | | 9. State or Country of Mother's Birth
Kentucky | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Charles William O'Connor</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
June 12, 1959 | | | 11. Present Address of Registrant
802 Jefferson St.
Montpelier, Idaho (Box 207) | |
| | | | | 12. Signature of Notary
<i>Ruth Aland</i> | |
| | | | | 13. Notary Commission expires
BETH ALAND
Notary Public
Montpelier, Idaho 19 | |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING RECORD 1. | Type of Document
Affidavits by neighbors at time of birth | | By whom issued and signed
Josephine McIntosh Driver (age 85)
Lena Hirschi Smith (age 81) | | Date issued
8-11-59 |
| | Date of Birth
April 18, 1891 | Birth Place
Bear Lake Co.
Montpelier, Idaho | Full Name of Mother
Sarah Begley O'Connor | | Name of Father
John F. O'Connor |
| SUPPORTING RECORD 2. | Type of Document
Federal Census Record | | By whom issued and signed
U. S. Bureau of the Census | | Date issued
8-6-59 |
| | Date of Birth
April 1891 (age 9) | Birth Place
Idaho | Full Name of Mother
Sarah O'Connor | | Name of Father
John F. O'Connor |
| SUPPORTING RECORD 3. | Type of Document
Baptismal Certificate | | By whom issued and signed
R. C. Church of St. Joseph's
Pocatello, Idaho | | Date issued
9-18-59 |
| | Date of Birth
April 18, 1891 | Birth Place
(State not shown)
Montpelier | Full Name of Mother
Sarah Begley | | Date Orig. Entry
May 28, 1891 |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
Mr. Nancy Richards | | Date Filed
Oct. 2, 1959 |

[illegible]

| | | | | | | | | |
|--|---|-------------------------|---|--|---|---|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Name at Birth
<u>Cleo Ethel Morehead</u> | | | | | 2. Date (month) (day) (year)
Of Birth <u>May</u> <u>21</u> <u>1891</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>(Weiser) Washington</u> | | b. City or Town of Birth
<u>Weiser</u> | | | |
| FATHER | 6. Full Name of Father
<u>Cyrus Eugene Morehead</u> | | | | | 7. State or Country of Father's Birth
<u>Oregon, (Eugene)</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Mary Catherine McRoberts</u> | | | | | 9. State or Country of Mother's Birth
<u>Missouri</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<u>Cleo Ethel Morehead Totten</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>June 30th</u> <u>1954</u> | | | | | 12. Signature of Notary
<u>Hewitt A. Henry</u> | | 11. Present Address of Registrant
<u>1315 Adams Street</u>
<u>Olympia, Wash</u> |
| | | | | | | | | 13. Notary Commission expires
<u>Sept 2</u> <u>1957</u> |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|-------------------------------------|--|--|---|
| SUPPORTING RECORD 1-
Class* <u>B</u> | Type of Document
<u>Census record of 1920</u> | | By whom issued and signed
<u>Bureau of the Census</u> | Date issued
<u>6/25/54</u> | Date Orig. Entry
<u>Census of Jan. 1, 1920</u> |
| | Date of Birth
<u>28 yrs old</u> | Birth Place
<u>Idaho</u> | Full Name of Mother | Name of Father | |
| SUPPORTING RECORD 2-
Class <u>B</u> | Type of Document
<u>Affidavit by Mother</u> | | By whom issued and signed
<u>Catherine McRoberts Morehead</u> | Date issued
<u>May 12, 1954</u> | Date Orig. Entry |
| | Date of Birth
<u>May 21, 1891</u> | Birth Place
<u>Weiser, Idaho</u> | Full Name of Mother
<u>Catherine McRoberts Morehead</u> | Name of Father
<u>Cyrus Eugene Morehead</u> | |
| SUPPORTING RECORD 3-
Class _____ | Type of Document
<u>own child's birth certificate</u> | | By whom issued and signed
<u>Washington Record #379 File #13116</u> | Date issued
<u>1-25-60</u> | Date Orig. Entry
<u>child born Aug. 23, 1912</u> |
| | Date of Birth
<u>age 21</u> | Birth Place
<u>Idaho</u> | Full Name of Mother | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|---|-----------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Nancy Richards</u> | Date Filed
<u>Feb. 2, 1960</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

| RECEIVED | | STATE OF IDAHO | | JUL 2 1930 | |
|---|--|---|--|---|--|
| <p>1. Name of child</p> <p>2. Sex of child</p> <p>3. Date of birth</p> <p>4. Place of birth</p> <p>5. Name of father</p> <p>6. Name of mother</p> <p>7. State of birth of father</p> <p>8. State of birth of mother</p> <p>9. Present address of registrant</p> <p>10. Signature of registrant</p> <p>11. Signature of father</p> <p>12. Signature of mother</p> | | <p>13. Name of child</p> <p>14. Sex of child</p> <p>15. Date of birth</p> <p>16. Place of birth</p> <p>17. Name of father</p> <p>18. Name of mother</p> <p>19. State of birth of father</p> <p>20. State of birth of mother</p> <p>21. Present address of registrant</p> <p>22. Signature of registrant</p> <p>23. Signature of father</p> <p>24. Signature of mother</p> | | <p>25. Name of child</p> <p>26. Sex of child</p> <p>27. Date of birth</p> <p>28. Place of birth</p> <p>29. Name of father</p> <p>30. Name of mother</p> <p>31. State of birth of father</p> <p>32. State of birth of mother</p> <p>33. Present address of registrant</p> <p>34. Signature of registrant</p> <p>35. Signature of father</p> <p>36. Signature of mother</p> | |
| <p>37. Name of child</p> <p>38. Sex of child</p> <p>39. Date of birth</p> <p>40. Place of birth</p> <p>41. Name of father</p> <p>42. Name of mother</p> <p>43. State of birth of father</p> <p>44. State of birth of mother</p> <p>45. Present address of registrant</p> <p>46. Signature of registrant</p> <p>47. Signature of father</p> <p>48. Signature of mother</p> | | <p>49. Name of child</p> <p>50. Sex of child</p> <p>51. Date of birth</p> <p>52. Place of birth</p> <p>53. Name of father</p> <p>54. Name of mother</p> <p>55. State of birth of father</p> <p>56. State of birth of mother</p> <p>57. Present address of registrant</p> <p>58. Signature of registrant</p> <p>59. Signature of father</p> <p>60. Signature of mother</p> | | <p>61. Name of child</p> <p>62. Sex of child</p> <p>63. Date of birth</p> <p>64. Place of birth</p> <p>65. Name of father</p> <p>66. Name of mother</p> <p>67. State of birth of father</p> <p>68. State of birth of mother</p> <p>69. Present address of registrant</p> <p>70. Signature of registrant</p> <p>71. Signature of father</p> <p>72. Signature of mother</p> | |

619-129-003-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-368

| | | | | | | |
|---|---|--------------------|-------------------------------------|---|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Frank Parnell Farrell | | | 2. Date of Birth
11 29 1891
(month) (day) (year) | | |
| | 3. Color or Race
White | 4. Sex
M | 5. Place of Birth
Bannock | a. County
Pocatello | | |
| FATHER | 6. Full Name of Father
Timothy M. Farrell | | | 7. State or Country of Father's Birth
Ireland | | |
| MOTHER | 8. Full Maiden Name of Mother
Isabel Mary Markley | | | 9. State or Country of Mother's Birth
Virginia | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>[Signature]</i> | | 11. Present Address of Registrant
1510 E. Main Street
Medford, Oregon |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 8, 1960 | | | 12. Signature of Notary Public
<i>[Signature]</i>
For Oregon | | 13. Notary Commission expires
February 15 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|--|---|--|-------------------------------------|--|
| SUPPORTING RECORD 1- | Type of Document
Certified copy of Return of Marriage Certificate | | By whom issued and signed
E.M. Madden, County Clerk,
Jackson Co., Medford, Oregon | | Date Issued
April 6, 1960 | Date Orig. Entry
June 18, 1921 |
| | Date of Birth
Age 29 | Birth Place
Pocatello, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 2- | Type of Document
Application for Life Ins. | | By whom issued and signed
New York Life, Ins. Co. | | Date Issued
--- | Date Orig. Entry
Nov 5, 1936 |
| | Date of Birth
Nov 29, 1891 | Birth Place
Pocatello, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 3- | Type of Document
Notarized Verified Application card-Aero Club of America Cert. #745 | | By whom issued and signed
Aero Club of America | | Date Issued
--- | Date Orig. Entry
Mar 24, 1920 |
| | Date of Birth
Nov 29, 1891 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- | |
| QUALIFYING INFORMATION | Notarized verifax copy of Voters' Records issued by County Clerk of Jackson Co., Oregon dated Aug 22, 1940 gives place of birth as Pocatello, Idaho; Father T. M. Farrell; Mother Belle M. Farrell | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
of Joyce B. Foltz | | | Date Filed
April 26, 1960 |

APR 26 1960

STATE OF IDAHO
DELAIED CERTIFICATE OF BIRTH

| | | | | | | | |
|--|--|-----------------------------|--|---------------------------|--|--------------------------------|--|
| Name of Person
Timothy W. Farrell | | Sex
M | | Race
White | | Date of Birth
April 6, 1900 | |
| Place of Birth
Ireland | | County of Birth
Franklin | | State of Birth
Ireland | | Date of Birth
April 6, 1900 | |
| Name of Mother
Catharine Mary Farrell | | Sex of Mother
F | | Race of Mother
White | | Date of Birth
April 6, 1900 | |
| Place of Birth
Ireland | | County of Birth
Franklin | | State of Birth
Ireland | | Date of Birth
April 6, 1900 | |
| Name of Father
John W. Farrell | | Sex of Father
M | | Race of Father
White | | Date of Birth
April 6, 1900 | |
| Place of Birth
Ireland | | County of Birth
Franklin | | State of Birth
Ireland | | Date of Birth
April 6, 1900 | |
| Name of Person
Timothy W. Farrell | | Sex
M | | Race
White | | Date of Birth
April 6, 1900 | |
| Place of Birth
Ireland | | County of Birth
Franklin | | State of Birth
Ireland | | Date of Birth
April 6, 1900 | |
| Name of Mother
Catharine Mary Farrell | | Sex of Mother
F | | Race of Mother
White | | Date of Birth
April 6, 1900 | |
| Place of Birth
Ireland | | County of Birth
Franklin | | State of Birth
Ireland | | Date of Birth
April 6, 1900 | |
| Name of Father
John W. Farrell | | Sex of Father
M | | Race of Father
White | | Date of Birth
April 6, 1900 | |
| Place of Birth
Ireland | | County of Birth
Franklin | | State of Birth
Ireland | | Date of Birth
April 6, 1900 | |

253-230-003-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-516

| | | | | | | |
|--|---|-------------------------|---|--|--|---|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
EDNA BELL | | | | 2. Date (month) (day) (year)
Of Birth MAY 20th 1891 | |
| | 3. Color or Race
White | 4. Sex
FEMALE | 5. Place of Birth
201 S. GARFIELD | a. County
BANNOCK | b. City or Town of Birth
POCATELLO, IDAHO | |
| FATHER | 6. Full Name of Father
OSSA JAMES BELL | | | | 7. State or Country of Father's Birth
OHIO | |
| MOTHER | 8. Full Maiden Name of Mother
MARGARET ELLEN WATSON | | | | 9. State or Country of Mother's Birth
UTAH | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
Edna Bell Franklin | | 11. Present Address of Registrant
5548 N. HALIFAX RD,
ARCADIA CALIF |
| NOTARY (Seal) | Subscribed and sworn to before me on
June 11 1960 | | | 12. Signature of Notary
Mahe A. McCurdy | | 13. Notary Commission expires
Aug 20 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|--|---|--|--|--|
| SUPPORTING
RECORD 1- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #323484 | Date issued
---- | Date Orig. Entry
child born
Oct 7, 1921 |
| | Date of Birth
age 30 | Birth Place
Pocatello, Idaho | Full Name of Mother
---- | Name of Father
----- | |
| SUPPORTING
RECORD 2- | Type of Document
photocopy of affidavit for
marriage license | | By whom issued and signed
Sarah Devaney, Bannock County
recorder | Date issued
June 8,
1960 | Date Orig. Entry
July 17, 1912 |
| | Date of Birth
age 21 | Birth Place
---- | Full Name of Mother
---- | Name of Father
---- | |
| SUPPORTING
RECORD 3- | Type of Document
affidavit by friend of family
at time of birth | | By whom issued and signed
Lila Franklin | Date issued
June 1,
1960 | Date Orig. Entry
---- |
| | Date of Birth
May 30,
1891 | Birth Place
Pocatello, Idaho
Bannock County | Full Name of Mother
Margaret Ellen Bell | Name of Father
Ossa James Bell | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Penny Patterson | Date Filed
June 14, 1960 | |

STATE OF IOWA DEPARTMENT OF HEALTH BIRTH CERTIFICATE

0691 JUN 14 1961

| | | | |
|---|--|--|--|
| 1. Name of child at birth
ELLEN DEAN | | 2. Sex
F | |
| 3. Date of birth
JUN 14 1961 | | 4. Time of birth
1:30 PM | |
| 5. Place of birth
ST. LOUIS, MISSOURI | | 6. Name of mother
JOHN DEAN | |
| 7. Name of father
JOHN DEAN | | 8. Name of mother at birth
JOHN DEAN | |
| 9. Name of mother at birth
JOHN DEAN | | 10. Name of father at birth
JOHN DEAN | |
| 11. Name of mother at birth
JOHN DEAN | | 12. Name of father at birth
JOHN DEAN | |
| 13. Name of mother at birth
JOHN DEAN | | 14. Name of father at birth
JOHN DEAN | |
| 15. Name of mother at birth
JOHN DEAN | | 16. Name of father at birth
JOHN DEAN | |
| 17. Name of mother at birth
JOHN DEAN | | 18. Name of father at birth
JOHN DEAN | |
| 19. Name of mother at birth
JOHN DEAN | | 20. Name of father at birth
JOHN DEAN | |
| 21. Name of mother at birth
JOHN DEAN | | 22. Name of father at birth
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| 23. Name of mother at birth
JOHN DEAN | | 24. Name of father at birth
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| 25. Name of mother at birth
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| 43. Name of mother at birth
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JOHN DEAN | | 48. Name of father at birth
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| 51. Name of mother at birth
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| 53. Name of mother at birth
JOHN DEAN | | 54. Name of father at birth
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| 55. Name of mother at birth
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| 57. Name of mother at birth
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| 59. Name of mother at birth
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| 61. Name of mother at birth
JOHN DEAN | | 62. Name of father at birth
JOHN DEAN | |
| 63. Name of mother at birth
JOHN DEAN | | 64. Name of father at birth
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| 65. Name of mother at birth
JOHN DEAN | | 66. Name of father at birth
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| 67. Name of mother at birth
JOHN DEAN | | 68. Name of father at birth
JOHN DEAN | |
| 69. Name of mother at birth
JOHN DEAN | | 70. Name of father at birth
JOHN DEAN | |
| 71. Name of mother at birth
JOHN DEAN | | 72. Name of father at birth
JOHN DEAN | |
| 73. Name of mother at birth
JOHN DEAN | | 74. Name of father at birth
JOHN DEAN | |
| 75. Name of mother at birth
JOHN DEAN | | 76. Name of father at birth
JOHN DEAN | |
| 77. Name of mother at birth
JOHN DEAN | | 78. Name of father at birth
JOHN DEAN | |
| 79. Name of mother at birth
JOHN DEAN | | 80. Name of father at birth
JOHN DEAN | |
| 81. Name of mother at birth
JOHN DEAN | | 82. Name of father at birth
JOHN DEAN | |
| 83. Name of mother at birth
JOHN DEAN | | 84. Name of father at birth
JOHN DEAN | |
| 85. Name of mother at birth
JOHN DEAN | | 86. Name of father at birth
JOHN DEAN | |
| 87. Name of mother at birth
JOHN DEAN | | 88. Name of father at birth
JOHN DEAN | |
| 89. Name of mother at birth
JOHN DEAN | | 90. Name of father at birth
JOHN DEAN | |
| 91. Name of mother at birth
JOHN DEAN | | 92. Name of father at birth
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| 93. Name of mother at birth
JOHN DEAN | | 94. Name of father at birth
JOHN DEAN | |
| 95. Name of mother at birth
JOHN DEAN | | 96. Name of father at birth
JOHN DEAN | |
| 97. Name of mother at birth
JOHN DEAN | | 98. Name of father at birth
JOHN DEAN | |
| 99. Name of mother at birth
JOHN DEAN | | 100. Name of father at birth
JOHN DEAN | |



433-231-007-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-834

| | | | | | | |
|---|---|------------------|--|--|--------------------------------------|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
ANNA SELMA McCANN | | | 2. Date (month) (day) (year)
Of Birth July 31 1891 | | |
| | 3. Color or Race
White-American | 4. Sex
Female | 5. Place of Birth a. County
Ketchum, Blaine County, Idaho | | b. City or Town of Birth
Ketchum, | |
| FATHER | 6. Full Name of Father
John McCann | | | 7. State or Country of Father's Birth
County Antrim - Ireland | | |
| MOTHER | 8. Full Maiden Name of Mother
Mary McLaughlin | | | 9. State or Country of Mother's Birth
County Antrim - Ireland | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Anna Selma McCann</i> | | 11. Present Address of Registrant
#528 South Johnson
Pocatello, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
August 31 1960 | | | 12. Signature of Notary
<i>Robert L. Wing</i> | | 13. Notary Commission expires
October 13 1963 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|---|-------------------------------|---|--|-------------------------------|---|
| SUPPORTING RECORD 1. | Type of Document
certified copy of transcript | | By whom issued and signed
Albion State Normal School
Albion, Ida. Curtis Chesbrough | | Date issued
Apr. 17, 1951 | Date Orig. Entry
Nov. 19, 1947 |
| | Date of Birth
1891 | Birth Place
Ketchum, Idaho | Full Name of Mother
----- | | Name of Father
John McCann | |
| SUPPORTING RECORD 2. | Type of Document
Certificate of Baptism | | By whom issued and signed
St. Joseph Roman Catholic
Church, N.V. Hughes, Chancellor | | Date issued
Nov. 28, 1958 | Date Orig. Entry
Aug. 1, 1891 |
| | Date of Birth
July 31 1891 | Birth Place
Ketchum | Full Name of Mother
Mary McLaughlin | | Name of Father
John McCann | |
| SUPPORTING RECORD 3. | Type of Document
copy of own child's birth certificate | | By whom issued and signed
Idaho #71036 | | Date issued
Nov. 17, 1956 | Date Orig. Entry
child born April 13, 1919 |
| | Date of Birth
age 27 | Birth Place
Idaho | Full Name of Mother
---- | | Name of Father
---- | |

| | | | |
|--|--|---------------------------------------|------------------------------|
| QUALIFYING INFORMATION | Statement regarding hospital records at St. Alphonsus Hospital, Boise, Idaho,
issued in Nov. of 1958. Admitted to hospital on May 30, 1921. Age was given as
29 and place of birth as Idaho. | | |
| | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. L. Benson</i> | Evidence reviewed by
Penny L. Wing | Date Filed
Sept. 27, 1960 |

456-122-029-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-933

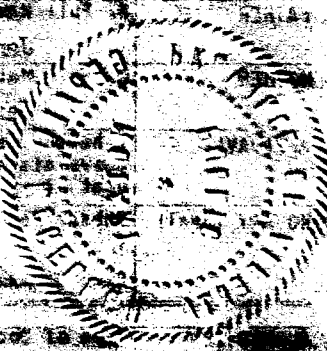
| | | | | | | |
|--|--|--|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
James Norris Dew | | | | 2. Date (month) (day) (year)
Of Birth April 22, 1891 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Latah | | b. City or Town of Birth
Juliaetta | |
| FATHER | 6. Full Name of Father
James B. Dew | | | | 7. State or Country of Father's Birth
Herefordshire, England | |
| MOTHER | 8. Full Maiden Name of Mother
Jane Shepherd | | | | 9. State or Country of Mother's Birth
Oakland, New Zealand | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>James Norris Dew</i> | | 11. Present Address of Registrant |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Sept 16 1960</i> | | | 12. Signature of Notary
<i>S. M. Young</i> | | 13. Notary Commission expires
At her Majesty's pleasure
_____ 19____ |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
Census Record | | By whom issued and signed
U.S. Department of Commerce
Bureau of the Census | | Date issued
Feb 16, 1960 | Date Orig. Entry
Census of
June 1, 1900 |
| | Date of Birth
April 1891 | Birth Place
Idaho | Full Name of Mother
Jane Dew | | Name of Father
James B. Dew | |
| SUPPORTING
RECORD 2. | Type of Document
Certificate of Marriage -No. 7867A | | By whom issued and signed
Gov't of the Province of
Alberta, Canada, Donald Mack, Reg. | | Date issued
--- | Date Orig. Entry
Feb. 1, 1927 |
| | Date of Birth
age 35 | Birth Place
Idaho, U.S.A. | Full Name of Mother
Jane Shepherd | | Name of Father
James Bennett Dew | |
| SUPPORTING
RECORD 3. | Type of Document
affidavit by friend of family
at time of birth | | By whom issued and signed
Frank McIntire age 82 | | Date issued
Oct. 20, 1960 | Date Orig. Entry
----- |
| | Date of Birth
Apr. 22, 1891 | Birth Place
Juliaetta, Idaho | Full Name of Mother
Jane Shepherd | | Name of Father
James Bennet Dew | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. L. Benson</i> | | Evidence reviewed by
bf Penny L. Wing | | | Date Filed
Oct. 25, 1960 |

OCT 25 1960

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY

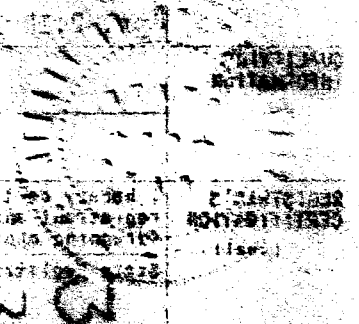
State of Ohio

| | | | | | | | | | |
|-------------------|------------------|-----------|---------|----------------|---------------|--------------------|----------------------------|-------------------|------------------------|
| 1. Name of Person | 2. Date of Birth | 3. Sex | 4. Race | 5. Height | 6. Weight | 7. Eyes | 8. Hair | 9. Complexion | 10. Signature |
| James Earl Ray | 5-12-42 | M | W | 5'11" | 175 | Blue | Brown | Fair | James Earl Ray |
| 11. Address | 12. City | 13. State | 14. Zip | 15. Occupation | 16. Education | 17. Marital Status | 18. Social Security Number | 19. Date of Issue | 20. Date of Expiration |
| 1000 1st St | Cincinnati | OH | 45203 | None | High School | Single | 1-234-56789 | 10-25-60 | 10-25-62 |



McCready

| | | | | | | | | | |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 21. Fingerprint | 22. Fingerprint | 23. Fingerprint | 24. Fingerprint | 25. Fingerprint | 26. Fingerprint | 27. Fingerprint | 28. Fingerprint | 29. Fingerprint | 30. Fingerprint |
| [Fingerprint] | [Fingerprint] | [Fingerprint] | [Fingerprint] | [Fingerprint] | [Fingerprint] | [Fingerprint] | [Fingerprint] | [Fingerprint] | [Fingerprint] |
| 31. Signature | 32. Signature | 33. Signature | 34. Signature | 35. Signature | 36. Signature | 37. Signature | 38. Signature | 39. Signature | 40. Signature |
| [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] |



819-222-022-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De61-033**

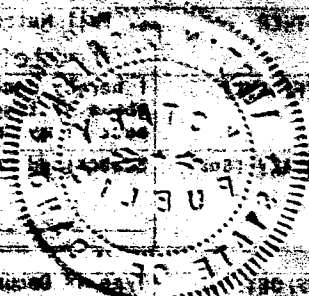
| | | | | | | |
|---|--|---|--|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Myrtle Harrop | | | 2. Date (month) (day) (year)
Of Birth November 22 1891 | | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
a. County Fremont
b. City or Town of Birth Menan | | | |
| FATHER | 6. Full Name of Father
Edward John Harrop | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Harriet Thomas | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Myrtle H. Harrop</i> | | 11. Present Address of Registrant
<i>Menan, Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>January 9 1961</i> | | | 12. Signature of Notary
<i>Christine [unclear]</i> | | 13. Notary Commission expires
<i>January 24 1962</i> |
| APPLICANT DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #10436 | | Date issued
----- | Date Orig. Entry
child born
July 23, 1922 |
| | Date of Birth
age 30 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 2- | Type of Document
Insurance Policy Application | | By whom issued and signed
Commercial Travelers Insur. | | Date issued
----- | Date Orig. Entry
Mar. 12, 1953 |
| | Date of Birth
Nov. 22, 1891 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document
Certificate of Baptism | | By whom issued and signed
IDS Church, Frank A. Bruitow, clerk | | Date issued
Apr. 12, 1908 | Date Orig. Entry
baptized
Aug. 31, 1907 |
| | Date of Birth
Nov. 22, 1891 | Birth Place
Fremont County Menan, Idaho | Full Name of Mother
Harriet Thomas | | Name of Father
Edward Harrop | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. L. Benson</i> | | Evidence reviewed by
Penny L. Wing | | Date Filed
Jan. 10, 1961 | |

1961 JAN 01

DELAID CERTIFICATE OF BIRTH
STATE OF TEXAS

1961 JAN 01

| | | | | | | | | | |
|----------------------------|--|----------------------------|--|----------------------------|--|----------------------------|--|-----------------------------|--|
| 1. Name of child at birth | | 2. Date of birth | | 3. Place of birth | | 4. Name of mother | | 5. Name of father | |
| JAMES EARL RAY | | JAN 01 1928 | | MEMPHIS, TENN | | JAMES EARL RAY | | JAMES EARL RAY | |
| 6. Name of mother at birth | | 7. Name of father at birth | | 8. Name of mother at birth | | 9. Name of father at birth | | 10. Name of mother at birth | |
| JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | |
| 11. Signature of mother | | 12. Signature of father | | 13. Signature of mother | | 14. Signature of father | | 15. Signature of mother | |
| JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | |
| 16. Signature of mother | | 17. Signature of father | | 18. Signature of mother | | 19. Signature of father | | 20. Signature of mother | |
| JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | |



| | | | | | | | | | |
|--------------------|--|--------------------|--|--------------------|--|--------------------|--|--------------------|--|
| 21. Name of mother | | 22. Name of father | | 23. Name of mother | | 24. Name of father | | 25. Name of mother | |
| JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | |
| 26. Name of mother | | 27. Name of father | | 28. Name of mother | | 29. Name of father | | 30. Name of mother | |
| JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | |
| 31. Name of mother | | 32. Name of father | | 33. Name of mother | | 34. Name of father | | 35. Name of mother | |
| JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | |



| | | | | | | | | | |
|--------------------|--|--------------------|--|--------------------|--|--------------------|--|--------------------|--|
| 36. Name of mother | | 37. Name of father | | 38. Name of mother | | 39. Name of father | | 40. Name of mother | |
| JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | |
| 41. Name of mother | | 42. Name of father | | 43. Name of mother | | 44. Name of father | | 45. Name of mother | |
| JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | | JAMES EARL RAY | |

LEWIS

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-179

| | | | | | | | | |
|--|---|----------------|--------------------------------|-----------------------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Frederick Leo Beggs, | | | | 2. Date (month) (day) (year)
Of Birth May 10 1891 | | | |
| | 3. Color or Race
White | 4. Sex
male | 5. Place of Birth
Rathdrum, | a. County
Kootenai | b. City or Town of Birth
Rathdrum, Idaho U S A | | | |
| FATHER | 6. Full Name of Father
Sidney Stewart Beggs, | | | | 7. State or Country of Father's Birth
not known | | | |
| MOTHER | 8. Full Maiden Name of Mother
Edna Trelin Beddy | | | | 9. State or Country of Mother's Birth
Maine USA | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Frederick Leo Beggs</i> | | 11. Present Address of Registrant
334 Baker St., Nelson, B.C. | |
| NOTARY (Seal) | Subscribed and sworn to before me at
<i>Nelson B.C. at December 15th 1960</i> | | | | 12. Signature of Notary
<i>W. J. Ferguson</i> | | 13. Notary Commission expires
<i>with Life</i> | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
|--|--|--|--|--|------------------------------|-----------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Enlistment Record | | By whom issued and signed
U. S. Navy, L. A. Cogya,
Ensign | | Date issued
----- | Date Orig. Entry
Mar. 17, 1919 |
| | Date of Birth
May 10, 1891 | Birth Place
Raithdrum, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2. | Type of Document
Application for Lodge membership | | By whom issued and signed
Knights of Pythias, #22
Leslie R. Campbell, Sec. | | Date issued
Dec. 15, 1960 | Date Orig. Entry
Mar. 11, 1929 |
| | Date of Birth
May 10, 1891 | Birth Place
Rathdrum, Idaho
U.S.A. | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document
Insurance policy application | | By whom issued and signed
Business Men's Assurance Co. | | Date issued
----- | Date Orig. Entry
May 25, 1926 |
| | Date of Birth
May 10, 1891 | Birth Place
Rathdrum, Idaho | Full Name of Mother
----- | | Name of Father
----- | |

| | | | |
|------------------------------|--|--|-----------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. J. Benson</i> | Evidence reviewed by
pw Penny L. Wing | Date Filed
Feb. 24, 1961 |

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 527

| | | | | | | |
|--|---|--------------------|-----------------------------------|----------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>James Alexander Pack, Jr.</u> | | | | 2. Date
Of Birth
<u>12</u> <u>20</u> <u>1891</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>M</u> | 5. Place of Birth
<u>Idaho</u> | a. County
<u>Owyhee</u> | b. City or Town of Birth
<u>DeLamar</u> | |
| FATHER | 6. Full Name of Father
<u>James Alexander Pack</u> | | | | 7. State or Country of Father's Birth
<u>St. Louis, Missouri</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Lydia Noyes</u> | | | | 9. State or Country of Mother's Birth
<u>Chshing, P Q Canada</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>James A. Pack</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>May 25</u> <u>1961</u> | | | | 11. Present Address of Registrant
<u>788 N.W. 3rd Grants Pass Oregon</u> | |
| | 12. Signature of Notary
<i>Krene Varner</i> | | | | 13. Notary Commission expires
<u>9-20</u> <u>1962</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|--------------------------------------|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<u>own childs birth certificate</u> | | By whom issued and signed
<u>Idaho #59619</u> | Date issued
----- | Date Orig. Entry
<u>child born</u>
<u>June 1, 1918</u> |
| | Date of Birth
<u>age 26</u> | Birth Place
<u>Delamar, Idaho</u> | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING
RECORD 2. | Type of Document
<u>statement regarding</u>
<u>Census Record</u> | | By whom issued and signed
<u>Bureau of the Census</u> | Date issued
<u>May 9, 1961</u> | Date Orig. Entry
<u>June 1, 1900</u> |
| | Date of Birth
<u>Dec, 1891</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Lydia N. Pack</u> | Name of Father
<u>James A. Pack</u> | |
| SUPPORTING
RECORD 3. | Type of Document | | By whom issued and signed | Date issued | Date Orig. Entry |
| | Date of Birth | Birth Place | Full Name of Mother | Name of Father | |

| | |
|---------------------------|--|
| QUALIFYING
INFORMATION | |
| | |

| | | | |
|--|--|--|--|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar

<u>W. W. Besnon</u> | Evidence reviewed by

<u>OW W. W. Benson</u> | Date Filed

<u>June 21, 1961</u> |

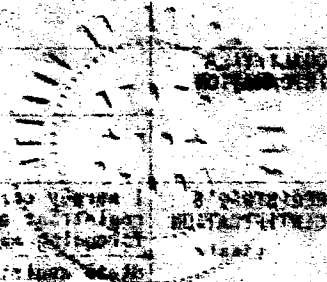
DELAWARE STATE OF BIRTH

JUN 21 1961

| | | | |
|------------------------|------------------------|------------------|-------------------|
| DATE OF BIRTH | PLACE OF BIRTH | NAME OF FATHER | NAME OF MOTHER |
| JUN 21 1961 | NEW YORK | JOHN J. BROWN | MARY J. BROWN |
| TIME OF BIRTH | SEX | AGE OF FATHER | AGE OF MOTHER |
| 10:30 AM | MALE | 35 | 32 |
| EDUCATION | RELIGION | DATE OF MARRIAGE | PLACE OF MARRIAGE |
| HIGH SCHOOL | CATHOLIC | 1958 | NEW YORK |
| PREVIOUS ADDRESS | PRESENT ADDRESS | DATE OF ENTRY | PLACE OF ENTRY |
| 1234 Main St, New York | 1234 Main St, New York | 1960 | NEW YORK |



| | | | |
|------------------------|------------------------|---------------|----------------|
| NAME OF FATHER | NAME OF MOTHER | DATE OF BIRTH | PLACE OF BIRTH |
| JOHN J. BROWN | MARY J. BROWN | JUN 21 1961 | NEW YORK |
| DATE OF MARRIAGE | PLACE OF MARRIAGE | EDUCATION | RELIGION |
| 1958 | NEW YORK | HIGH SCHOOL | CATHOLIC |
| PREVIOUS ADDRESS | PRESENT ADDRESS | DATE OF ENTRY | PLACE OF ENTRY |
| 1234 Main St, New York | 1234 Main St, New York | 1960 | NEW YORK |



| | | | |
|------------------------|------------------------|---------------|----------------|
| NAME OF FATHER | NAME OF MOTHER | DATE OF BIRTH | PLACE OF BIRTH |
| JOHN J. BROWN | MARY J. BROWN | JUN 21 1961 | NEW YORK |
| DATE OF MARRIAGE | PLACE OF MARRIAGE | EDUCATION | RELIGION |
| 1958 | NEW YORK | HIGH SCHOOL | CATHOLIC |
| PREVIOUS ADDRESS | PRESENT ADDRESS | DATE OF ENTRY | PLACE OF ENTRY |
| 1234 Main St, New York | 1234 Main St, New York | 1960 | NEW YORK |

366-203-003-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-540

| | | | | | | |
|--|--|--|--|---|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Minetta Pearl Toone | | | 2. Date (month) (day) (year)
Of Birth October 3 1891 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Bannock | | b. City or Town of Birth
Thatcher, Gentile Valley, Idaho | |
| FATHER | 6. Full Name of Father
John Prosser Toone | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Amy Lovica Johnstun | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Minetta Pearl Toone</i> | | 11. Present Address of Registrant
c/o Idaho Falls, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 15th 1961</i> | | | 12. Signature of Notary
<i>John P. Toone</i> | | 13. Notary Commission expires
IDAHO FALLS, IDAHO
MY COMM. EXPS. 2-1-62 19 |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
own child's birth certificate | | By whom issued and signed
#125849 in Idaho | | Date issued
July 7, 1945 | Date Orig. Entry
child born
Sept. 15, 1924 |
| | Date of Birth
age 32 | Birth Place
Idaho
Gentile Valley | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2. | Type of Document
statement regarding church records | | By whom issued and signed
LDS Church, Idaho Falls 14th Ward, Bishop Viri N. Jardine | | Date issued
May 25, 1961 | Date Orig. Entry
baptized
Oct. 4, 1899 |
| | Date of Birth
Oct. 3, 1891 | Birth Place
Idaho
Gentile Valley | Full Name of Mother
Amy Lovica Johnstun | | Name of Father
John P. Toone | |
| SUPPORTING
RECORD 3. | Type of Document
Marriage License Affidavit | | By whom issued and signed
Bonnevill County, Idaho.
Harry Moore, clerk & recorder | | Date issued
May 3, 1961 | Date Orig. Entry
Feb. 4, 1914 |
| | Date of Birth
age 22 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. Benson</i> | | | Evidence reviewed by
Penny L. Wing | | Date Filed
June 27, 1961 |

JUN 27 1961

[illegible]

105-211-003-352

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-009

| | | | | | |
|--|---|------------------|----------------------------|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Mary Elizabeth Jones | | | 2. Date (month) (day) (year)
Of March 11 1891
Birth | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Idaho | a. County
Bannock | b. City or Town of Birth
Chesterfield |
| FATHER | 6. Full Name of Father
John T. Jones | | | 7. State or Country of Father's Birth
Wales <i>Tydfil Glamorgan</i> | |
| MOTHER | 8. Full Maiden Name of Mother
Sarah Lester | | | 9. State or Country of Mother's Birth
England <i>Nottingham</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Mary Elizabeth Jones Gabbitas</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
December 14 19 61 | | | 11. Present Address of Registrant
Springville, Utah | |
| | | | | 12. Signature of Notary
<i>W. A. Hansen</i> | |
| | | | | 13. Notary Commission expires
October 26 19 64 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|---|---|--|---------------------------------|---|
| SUPPORTING RECORD 1. | Type of Document
Patriarchal Blessing | | By whom issued and signed
LDS Church,
Peter Nielsen, Patriarch | | Date Issued
Mar. 4, 1956 | Date Orig. Entry
Mar. 4, 1956 |
| | Date of Birth
Mar. 11, 1891 | Birth Place
Bannock
Chesterfield, Ida | Full Name of Mother
Sarah Lester | | Name of Father
John T. Jones | |
| SUPPORTING RECORD 2. | Type of Document
Application for membership | | By whom issued and signed
The Society of Daughters of
the Utah Pioneers, K. B. Carter | | Date Issued
Jan. 15, 1951 | Date Orig. Entry
Jan. 15, 1951 |
| | Date of Birth
Mar. 11, 1891 | Birth Place
----- | Full Name of Mother
Sarah Lester | | Name of Father
John T. Jones | |
| SUPPORTING RECORD 3. | Type of Document
Certified copy of own
child's birth certificate | | By whom issued and signed
State of Utah Bureau of Vital
Statistics | | Date Issued
Oct. 31,
1941 | Date Orig. Entry
Child born
Jan. 24, 1931 |
| | Date of Birth
Age: 39 | Birth Place
Chesterfield,
Idaho | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

pw

Shirley Miller

Date Filed

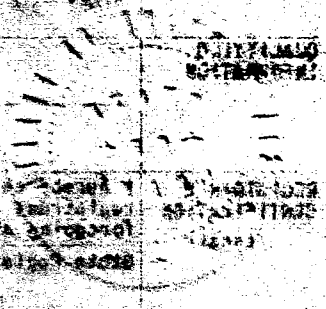
Jan. 5, 1962

DELAIED CERTIFICATE OF BIRTH

JAN 5 1962

Gabbiter

| | | | | | | | | | | | | | | | | | | | |
|----------------------------|--|-------------------|--|--------------------|--|--------------------|--|--------------------|--|----------------------------|--|-------------------|--|--------------------|--|--------------------|--|---------------------|--|
| 1. Name of child at birth | | 2. Date of birth | | 3. Place of birth | | 4. Name of mother | | 5. Name of father | | 6. Name of child at birth | | 7. Date of birth | | 8. Place of birth | | 9. Name of mother | | 10. Name of father | |
| 11. Name of child at birth | | 12. Date of birth | | 13. Place of birth | | 14. Name of mother | | 15. Name of father | | 16. Name of child at birth | | 17. Date of birth | | 18. Place of birth | | 19. Name of mother | | 20. Name of father | |
| 21. Name of child at birth | | 22. Date of birth | | 23. Place of birth | | 24. Name of mother | | 25. Name of father | | 26. Name of child at birth | | 27. Date of birth | | 28. Place of birth | | 29. Name of mother | | 30. Name of father | |
| 31. Name of child at birth | | 32. Date of birth | | 33. Place of birth | | 34. Name of mother | | 35. Name of father | | 36. Name of child at birth | | 37. Date of birth | | 38. Place of birth | | 39. Name of mother | | 40. Name of father | |
| 41. Name of child at birth | | 42. Date of birth | | 43. Place of birth | | 44. Name of mother | | 45. Name of father | | 46. Name of child at birth | | 47. Date of birth | | 48. Place of birth | | 49. Name of mother | | 50. Name of father | |
| 51. Name of child at birth | | 52. Date of birth | | 53. Place of birth | | 54. Name of mother | | 55. Name of father | | 56. Name of child at birth | | 57. Date of birth | | 58. Place of birth | | 59. Name of mother | | 60. Name of father | |
| 61. Name of child at birth | | 62. Date of birth | | 63. Place of birth | | 64. Name of mother | | 65. Name of father | | 66. Name of child at birth | | 67. Date of birth | | 68. Place of birth | | 69. Name of mother | | 70. Name of father | |
| 71. Name of child at birth | | 72. Date of birth | | 73. Place of birth | | 74. Name of mother | | 75. Name of father | | 76. Name of child at birth | | 77. Date of birth | | 78. Place of birth | | 79. Name of mother | | 80. Name of father | |
| 81. Name of child at birth | | 82. Date of birth | | 83. Place of birth | | 84. Name of mother | | 85. Name of father | | 86. Name of child at birth | | 87. Date of birth | | 88. Place of birth | | 89. Name of mother | | 90. Name of father | |
| 91. Name of child at birth | | 92. Date of birth | | 93. Place of birth | | 94. Name of mother | | 95. Name of father | | 96. Name of child at birth | | 97. Date of birth | | 98. Place of birth | | 99. Name of mother | | 100. Name of father | |



This certificate is valid only if the original is filed in the Division of Vital Records for the State of Illinois. It is not valid if the original is not filed in the Division of Vital Records for the State of Illinois.

755-212-010-626

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-296

| | | | | | | |
|--|---|-------------------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Caroline Gneiting</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Sept 12 1891</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
a. County <i>Bonneville</i> | | b. City or Town of Birth
<i>Coltman</i> | |
| FATHER | 6. Full Name of Father
<i>Abraham Gneiting</i> | | | | 7. State or Country of Father's Birth
<i>Germany</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Anna Magdalena Oswald</i> | | | | 9. State or Country of Mother's Birth
<i>Germany</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Caroline G. Miller</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 14 1962</i> | | | | 11. Present Address of Registrant
<i>Lorenzo R. not Idaho</i> | |
| | 12. Signature of Notary
<i>Arthur L. Green</i> | | | | 13. Notary Commission expires
<i>January 26 1966</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--------------------------------------|---|--|---|--|
| SUPPORTING
RECORD 1. | Type of Document
affidavit by neighbor at time of birth | | By whom issued and signed
<i>Pleasant Warren Dabell</i> | | Date issued
<i>Mar. 1, 1962</i> | Date Orig. Entry
----- |
| | Date of Birth
<i>Sept. 12, 1891</i> | Birth Place
<i>Coltman, Idaho</i> | Full Name of Mother
<i>Anna Magdlena Oswald</i> | | Name of Father
<i>Abraham Gneiting</i> | |
| SUPPORTING
RECORD 2. | Type of Document
Duplicate copy of Certificate of Baptism | | By whom issued and signed
<i>Harold Ball, Bishop, LDS Church, Salt Lake City, Utah</i> | | Date issued
<i>Jan. 13, 1957</i> | Date Orig. Entry
<i>baptized Sept. 3, 1899</i> |
| | Date of Birth
<i>Sept. 12, 1891</i> | Birth Place
<i>Coltman, Idaho</i> | Full Name of Mother
<i>Annie Oswald</i> | | Name of Father
<i>Abraham Gneiting</i> | |
| SUPPORTING
RECORD 3. | Type of Document
own child's birth certificate | | By whom issued and signed
<i>File No. 11497, Idaho</i> | | Date issued
----- | Date Orig. Entry
<i>child born Feb. 9, 1913</i> |
| | Date of Birth
Age: <i>21</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar

<i>W. W. Benson</i> | Evidence reviewed by
<i>SM Shirley Miller</i> | Date Filed
<i>April 9, 1962</i> |

APR 9 1962

[illegible]

261-128-029-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De62-889

| | | | | | | |
|---|---|-----------------------|---|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Albert Oscar Swanberg | | | | 2. Date of Birth (month) (day) (year)
November 28 1891 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Idaho Latah | | b. City or Town of Birth
Troy | |
| FATHER | 6. Full Name of Father
Erick Swanberg | | | | 7. State or Country of Father's Birth
Sweden | |
| MOTHER | 8. Full Maiden Name of Mother
margaret Stohl | | | | 9. State or Country of Mother's Birth
Sweden | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Albert O. Swanberg</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
July 9 1962 | | | | 11. Present Address of Registrant
Box 211 Troy Idaho. | |
| | | | | | 12. Signature of Notary
<i>W. L. Teel</i> | |
| | | | | | 13. Notary Commission expires
Notary Public for Idaho Residing at Lewiston
Therein. My Commission Expires Feb. 1, 1965. | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|---|--|--|--|---|--|
| SUPPORTING RECORD 1. | Type of Document
affidavit by neighbor at time of birth Age: 83 | | By whom issued and signed
Gertie Swanberg, Olson | | Date issued
May 29, 1962 | Date Orig. Entry
-- |
| | Date of Birth
Nov. 28, 1891 | Birth Place
Latah County Troy, Idaho | Full Name of Mother
Margaret Stohl Swanberg | | Name of Father
Erick Swanberg | |
| SUPPORTING RECORD 2. | Type of Document
Census Record | | By whom issued and signed
U. S. Bureau of the Census Washington, D. C. | | Date issued
Oct. 17, 1962 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Age: 8 | Birth Place
Idaho | Full Name of Mother
Margret Swanberg | | Name of Father
Erik Swanberg | |
| SUPPORTING RECORD 3. | Type of Document
Honorable Discharge #214844 | | By whom issued and signed
U. S. Army | | Date issued | Date Orig. Entry
enlisted Dec 15, 1917 |
| | Date of Birth
age 26 1/12 | Birth Place
Troy, Idaho | Full Name of Mother
---- | | Name of Father
---- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|--|----------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i>
W. W. Benson | Evidence reviewed by
sm Joyce B. Foltz | Date Filed
Dec 6, 1962 |

DELAWARE CERTIFICATE OF BIRTH

DEC 6 1962

STATE OF DELAWARE
John B. Long

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|---|--|
| 1. Name of child at birth
<i>John B. Long</i> | | 2. Date of birth
<i>July 2, 1962</i> | | 3. Place of birth
<i>Delaware</i> | | 4. Name of father
<i>John B. Long</i> | | 5. Name of mother
<i>John B. Long</i> | |
| 6. State of father's birth
<i>Delaware</i> | | 7. State of mother's birth
<i>Delaware</i> | | 8. Date of father's birth
<i>July 2, 1962</i> | | 9. Date of mother's birth
<i>July 2, 1962</i> | | 10. Name of father's mother
<i>John B. Long</i> | |
| 11. Name of father's father
<i>John B. Long</i> | | 12. Name of mother's father
<i>John B. Long</i> | | 13. Name of mother's mother
<i>John B. Long</i> | | 14. Name of mother's father
<i>John B. Long</i> | | 15. Name of mother's mother
<i>John B. Long</i> | |
| 16. Name of mother's father
<i>John B. Long</i> | | 17. Name of mother's mother
<i>John B. Long</i> | | 18. Name of mother's father
<i>John B. Long</i> | | 19. Name of mother's mother
<i>John B. Long</i> | | 20. Name of mother's father
<i>John B. Long</i> | |
| 21. Name of mother's mother
<i>John B. Long</i> | | 22. Name of mother's father
<i>John B. Long</i> | | 23. Name of mother's mother
<i>John B. Long</i> | | 24. Name of mother's father
<i>John B. Long</i> | | 25. Name of mother's mother
<i>John B. Long</i> | |
| 26. Name of mother's father
<i>John B. Long</i> | | 27. Name of mother's mother
<i>John B. Long</i> | | 28. Name of mother's father
<i>John B. Long</i> | | 29. Name of mother's mother
<i>John B. Long</i> | | 30. Name of mother's father
<i>John B. Long</i> | |
| 31. Name of mother's mother
<i>John B. Long</i> | | 32. Name of mother's father
<i>John B. Long</i> | | 33. Name of mother's mother
<i>John B. Long</i> | | 34. Name of mother's father
<i>John B. Long</i> | | 35. Name of mother's mother
<i>John B. Long</i> | |
| 36. Name of mother's father
<i>John B. Long</i> | | 37. Name of mother's mother
<i>John B. Long</i> | | 38. Name of mother's father
<i>John B. Long</i> | | 39. Name of mother's mother
<i>John B. Long</i> | | 40. Name of mother's father
<i>John B. Long</i> | |
| 41. Name of mother's mother
<i>John B. Long</i> | | 42. Name of mother's father
<i>John B. Long</i> | | 43. Name of mother's mother
<i>John B. Long</i> | | 44. Name of mother's father
<i>John B. Long</i> | | 45. Name of mother's mother
<i>John B. Long</i> | |
| 46. Name of mother's father
<i>John B. Long</i> | | 47. Name of mother's mother
<i>John B. Long</i> | | 48. Name of mother's father
<i>John B. Long</i> | | 49. Name of mother's mother
<i>John B. Long</i> | | 50. Name of mother's father
<i>John B. Long</i> | |
| 51. Name of mother's mother
<i>John B. Long</i> | | 52. Name of mother's father
<i>John B. Long</i> | | 53. Name of mother's mother
<i>John B. Long</i> | | 54. Name of mother's father
<i>John B. Long</i> | | 55. Name of mother's mother
<i>John B. Long</i> | |
| 56. Name of mother's father
<i>John B. Long</i> | | 57. Name of mother's mother
<i>John B. Long</i> | | 58. Name of mother's father
<i>John B. Long</i> | | 59. Name of mother's mother
<i>John B. Long</i> | | 60. Name of mother's father
<i>John B. Long</i> | |
| 61. Name of mother's mother
<i>John B. Long</i> | | 62. Name of mother's father
<i>John B. Long</i> | | 63. Name of mother's mother
<i>John B. Long</i> | | 64. Name of mother's father
<i>John B. Long</i> | | 65. Name of mother's mother
<i>John B. Long</i> | |
| 66. Name of mother's father
<i>John B. Long</i> | | 67. Name of mother's mother
<i>John B. Long</i> | | 68. Name of mother's father
<i>John B. Long</i> | | 69. Name of mother's mother
<i>John B. Long</i> | | 70. Name of mother's father
<i>John B. Long</i> | |
| 71. Name of mother's mother
<i>John B. Long</i> | | 72. Name of mother's father
<i>John B. Long</i> | | 73. Name of mother's mother
<i>John B. Long</i> | | 74. Name of mother's father
<i>John B. Long</i> | | 75. Name of mother's mother
<i>John B. Long</i> | |
| 76. Name of mother's father
<i>John B. Long</i> | | 77. Name of mother's mother
<i>John B. Long</i> | | 78. Name of mother's father
<i>John B. Long</i> | | 79. Name of mother's mother
<i>John B. Long</i> | | 80. Name of mother's father
<i>John B. Long</i> | |
| 81. Name of mother's mother
<i>John B. Long</i> | | 82. Name of mother's father
<i>John B. Long</i> | | 83. Name of mother's mother
<i>John B. Long</i> | | 84. Name of mother's father
<i>John B. Long</i> | | 85. Name of mother's mother
<i>John B. Long</i> | |
| 86. Name of mother's father
<i>John B. Long</i> | | 87. Name of mother's mother
<i>John B. Long</i> | | 88. Name of mother's father
<i>John B. Long</i> | | 89. Name of mother's mother
<i>John B. Long</i> | | 90. Name of mother's father
<i>John B. Long</i> | |
| 91. Name of mother's mother
<i>John B. Long</i> | | 92. Name of mother's father
<i>John B. Long</i> | | 93. Name of mother's mother
<i>John B. Long</i> | | 94. Name of mother's father
<i>John B. Long</i> | | 95. Name of mother's mother
<i>John B. Long</i> | |
| 96. Name of mother's father
<i>John B. Long</i> | | 97. Name of mother's mother
<i>John B. Long</i> | | 98. Name of mother's father
<i>John B. Long</i> | | 99. Name of mother's mother
<i>John B. Long</i> | | 100. Name of mother's father
<i>John B. Long</i> | |

STATE OF DELAWARE
 DEPARTMENT OF HEALTH

1. I hereby certify that the facts stated in this certificate have been found to be true and correct by the Department of Health, which has reviewed the facts as set forth in the preceding certificate.

State Registrar
 John B. Long

Evidence reviewed by

Date filed

Dec 1, 1962

John B. Long

John B. Long

766-210-007-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-561

| | | | | | | | |
|--|---|------------------|-----------------------------|---|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Margaret Lucile Powers | | | | 2. Date (month) (day) (year)
Of Birth May 10 1891 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Blaine | a. County
b. City or Town of Birth
Hailey | | | |
| FATHER | 6. Full Name of Father
Clayton William Powers | | | | 7. State or Country of Father's Birth
Louisville, New York | | |
| MOTHER | 8. Full Maiden Name of Mother
Margaret Elizabeth Marnes | | | | 9. State or Country of Mother's Birth
Chazy, New York (Clinton Co.) | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Lucile P. Powers</i> | | 11. Present Address of Registrant
960 S. Oxford Ave.
Los Angeles 6, California |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 26</i> 19 <i>63</i> | | | | 12. Signature of Notary
<i>Ted Fleesman</i> | | 13. Notary Commission expires
My Commission Expires July 21, 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|------------------------------|---|--|--|----------------------------------|
| SUPPORTING RECORD 1- | Type of Document
Insurance Policy | | By whom issued and signed
Independence Life and Accident Insurance Company | | Date issued
---- | Date Orig. Entry
Jan. 3, 1946 |
| | Date of Birth
May 10, 1891 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 2- | Type of Document
School Census Record
Minneapolis Public Schools | | By whom issued and signed
Mrs. Barbara J. Strand,
Census Clerk | | Date issued | Date Orig. Entry |
| | Date of Birth
1891 | Birth Place
Hailey, Idaho | Full Name of Mother
Margaret M. Power | | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document
Affidavit by father | | By whom issued and signed
Clayton William Powers | | Date issued
March | Date Orig. Entry
3, 1943 |
| | Date of Birth
May 10, 1891 | Birth Place
Hailey, Idaho | Full Name of Mother
Margaret Elizabeth Marnes | | Name of Father
Clayton William Powers | |

QUALIFYING INFORMATION

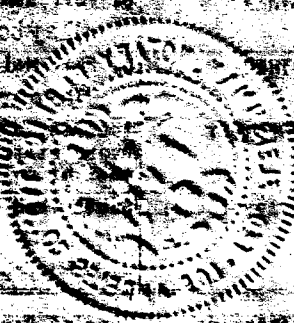
REGISTRAR'S CERTIFICATION (seal)

| | |
|--|--|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | |
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
Shirley Miller |
| Date Filed
August 8, 1963 | |

AUG 8 1963

DECEASED CERTIFICATE OF BIRTH
STATE OF TEXAS

| | | | |
|---|--|---|--|
| Date of Birth: <u>10/10/1901</u>
Place of Birth: <u>Galveston, Texas</u> | | Date of Death: <u>10/10/1901</u>
Place of Death: <u>Galveston, Texas</u> | |
| Name of Deceased: <u>William F. Fawcett</u>
Sex: <u>Male</u> | | Name of Deceased: <u>William F. Fawcett</u>
Sex: <u>Male</u> | |
| Date of Birth: <u>10/10/1901</u>
Place of Birth: <u>Galveston, Texas</u> | | Date of Birth: <u>10/10/1901</u>
Place of Birth: <u>Galveston, Texas</u> | |
| Name of Deceased: <u>William F. Fawcett</u>
Sex: <u>Male</u> | | Name of Deceased: <u>William F. Fawcett</u>
Sex: <u>Male</u> | |
| Date of Birth: <u>10/10/1901</u>
Place of Birth: <u>Galveston, Texas</u> | | Date of Birth: <u>10/10/1901</u>
Place of Birth: <u>Galveston, Texas</u> | |
| Name of Deceased: <u>William F. Fawcett</u>
Sex: <u>Male</u> | | Name of Deceased: <u>William F. Fawcett</u>
Sex: <u>Male</u> | |
| Date of Birth: <u>10/10/1901</u>
Place of Birth: <u>Galveston, Texas</u> | | Date of Birth: <u>10/10/1901</u>
Place of Birth: <u>Galveston, Texas</u> | |
| Name of Deceased: <u>William F. Fawcett</u>
Sex: <u>Male</u> | | Name of Deceased: <u>William F. Fawcett</u>
Sex: <u>Male</u> | |
| Date of Birth: <u>10/10/1901</u>
Place of Birth: <u>Galveston, Texas</u> | | Date of Birth: <u>10/10/1901</u>
Place of Birth: <u>Galveston, Texas</u> | |
| Name of Deceased: <u>William F. Fawcett</u>
Sex: <u>Male</u> | | Name of Deceased: <u>William F. Fawcett</u>
Sex: <u>Male</u> | |



This is to certify that the above is a true and correct copy of the original record as the same appears in the files of the Department of Health, State of Texas.
 Date of Birth: 10/10/1901
 Place of Birth: Galveston, Texas
 Name of Deceased: William F. Fawcett
 Sex: Male

764-202-016-669

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. De 65-262

| | | | | | | | |
|--|---|-------------|-----------------------------|---------------------|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Ila Vera Poulton | | | | 2. Date (month) (day) (year)
Of Birth 9 2 1891 | | |
| | 3. Color or Race
White | 4. Sex
F | 5. Place of Birth
Oakley | a. County
Cassia | b. City or Town of Birth
Oakley | | |
| FATHER | 6. Full Name of Father
Edward Eli Poulton | | | | 7. State or Country of Father's Birth
Utah - U.S.A. | | |
| MOTHER | 8. Full Maiden Name of Mother
Alice Ann Worthington | | | | 9. State or Country of Mother's Birth
Utah - U.S.A. | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Ila Vera Loveland</i> | | 11. Present Address of Registrant |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 13 1965 | | | | 12. Signature of Notary
<i>Wm H. Nelson</i> | | 13. Notary Commission expires
May 12 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|---|--|--|--------------------------------------|--|
| SUPPORTING RECORD 1. | Type of Document
photocopy of application for insurance policy | | By whom issued and signed
Pacific National Life Assurance Company | | Date issued
---- | Date Orig. Entry
May 24, 1944 |
| | Date of Birth
Sept. 2, 1891 | Birth Place
Oakley, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 2. | Type of Document
photocopy of Certificate of Membership | | By whom issued and signed
IDS Church | | Date issued
---- | Date Orig. Entry
blessed Oct. 4, 1891 |
| | Date of Birth
Sept. 2, 1891 | Birth Place
Oakley, Cassia County, Idaho | Full Name of Mother
Alice A. Worthington | | Name of Father
Edward E. Poulton | |
| SUPPORTING RECORD 3. | Type of Document
Affidavit by friend of family at time of birth | | By whom issued and signed
Thomas E. Dayley, Age 89 | | Date issued
Apr. 12, 1965 | Date Orig. Entry
----- |
| | Date of Birth
Sept. 2, 1891 | Birth Place
Oakley, Idaho | Full Name of Mother
Alice Ann Worthington | | Name of Father
Edward Eli Poulton | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | |
|--|---------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Glenda Larson |
| Date Filed
April 22, 1965 | |

APR 22 1965

Nelson, atty

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